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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I. *A brief Historical Notice of the Progress of Medical Science in Massachusetts, from the landing of the Pilgrims at Plymouth, to the Present Time.* By STEPHEN W. WILLIAMS, M. D., etc., etc.

WE have met with no direct and positive evidence that more than one physician, exclusively educated for the profession, came over with our Puritan ancestors at the time of the first settlement of Plymouth, and, in fact, for many years afterwards. Our forefathers left their native land on account of religious persecution, preferring to hazard the perils of the ocean, the dangers of savage warfare, and the liability to sickness incident to the opening and clearing of all new countries, to these more savage and unrelenting persecutions. Among them were men of bone and sinew, as well as of talent and intellect; men who have given New England, and even our common country, a name and a character among the nations which will ever be applauded. If there were no physicians among them, there were many eminent clergymen who officiated as such from necessity. In their collegiate education, they studied the works of some of the most distinguished of the ancient medical writers in their native language, such as Hippocrates, Galen, Celsus, Aretæus, and others, and they soon had need to apply the learning derived from these sources, in the cure of the diseases to which the immigrants were exposed.

Cruel privations and sufferings did these immigrants endure in their perilous voyage, and on their arrival on the then inhospitable coast of rocky New England, in the cold and dreary season of winter. A considerable portion of the immigrants perished on the voyage, and on their arrival on the coast, they found that a pestilential disease had almost depopulated several Indian villages, and it was still raging among them. Captain Dermer, an Englishman, arrived upon our coast in a fishing vessel in the winter of 1618–19, and remained in Monhiggan, an Indian town, during the winter, and on his way to Virginia, in May, 1619, he found several Indian towns completely depopulated, and some with but few of the Indians living. Their complaint he called the plague, from the sores which some of them who had escaped from death had upon their bodies. Some villages which he had heretofore visited, and which were now deserted, the Indians "all dead." (*Purchas.*) This disease was so fatal in America in 1618, and so frightful was the pestilence, that the Narragansett and Penobscot Indians, the limits to which the disease was supposed to extend, were reduced in number from nine thousand to a few hundreds. Hutchinson remarks that thirty thousand of the Massachusetts were supposed to have been reduced to about three hundred. Mather in his Magnalia observes, that when our ancestors arrived here in 1620, their bones were found unburied in many parts of the country, and in some places their festering bodies lay putrefying in the sun. They were deserted, and their bodies left to contaminate the atmosphere. Dermer thinks it was the plague, Hutchinson calls it the small-pox, but the Indians call it a pestilential putrid disease. Probably this was the *yellow fever*, as Gookin says "what the disease was which so generally and mortally swept them away I cannot learn. I have discoursed with some old Indians, that were then youths, who say that their bodies all over were exceedingly yellow." Prince, in his Chronology, says, "this fever produced hemorrhage from the nose." Gookin wrote about fifty years after the settlement of New England. At that time the infectious fevers of New England were called pestilent, and they were very frequent in the country. The fever has been common among the Indians since the English arrived in the country.

(*Webster.*) Gorges says that after the summer of the blazing star, 1618, "there befel a great mortality among the Indians, the greatest that had ever happened in the memory of man, or been taken notice of by tradition, laying waste the earth." The calamitous disease prevailed in Virginia, and Dermer says three hundred of the settlers died in 1619.

A pestilent fever attacked the inhabitants of Plymouth in 1633, and carried off twenty of the inhabitants; a large number for so small a settlement. In 1638 there was a great deal of sickness in America. It was so severe that a fast was observed in December, on account of the prevalence of small-pox and yellow fever. (*Webster.*)

The physician spoken of above, as being the only one who came over with our ancestors at the time of the settlement of Plymouth, was Dr. Samuel Fuller. He was one of the company which came over in the first ship, and he held the office of deacon in the Rev. Mr. Robinson's church. He was a religious man, and very useful as a physician and surgeon. He was highly approved by Gov. Endicott, and visited the inhabitants of the new city of Salem who were sick. He died at Plymouth, of an infectious fever that prevailed there, in 1632. Dr. Giles Firmer was a physician in New England, and a preacher in old England. He came to New England in 1633, and was considered to be a man of learning, and a judicious physician. He returned to England after the civil wars, and settled at Strafford, studied divinity, and was ordained at the age of forty. He died in 1697, at the age of more than fourscore years. Eliot says, "he was eminent for his parts and learning. His skill in physic and surgery were uncommon. He understood the oriental tongues; he read the fathers, schoolmen, and church history." He published several theological works, but nothing medical.

Dr. John Fisk came to New England in 1637, and died at Chelmsford in 1676, aged seventy-five. He was a talented physician and a very useful preacher. He was silenced in England on account of non-conformity, and then studied physic, and after a proper examination he obtained license for public practice. (*Eliot's Magnalia.*) Dr. William Gager was a companion of Gov. Winthrop to America, as his surgeon,

and his death was much deplored. Dr. Samuel Bellingham and Dr. Henry Saltonstall, were among the first in America, if not the very first after graduation in college here who received the degree of M. D. in England. Dr. Leonard Hoar, and Dr. John Glover, about the year 1650, received the degree of M. D. in England, and practised here, and also Isaac Chauncey, and John Rogers, who was president of Harvard College from 1682 to 1684. Dr. Charles Chauncey was also president of Harvard College in 1652. He was a distinguished physician, and was educated in England. He had six sons, who were all educated in Harvard College, and all of them studied medicine, and, as Mather says, they were all eminent physicians, as was their father before them. (*Mather.*) "A more learned man than Dr. Chauncey," says Thacher, "was not to be found among the fathers of New England." Dr. Thomas Thacher was a learned physician who came to New England in 1635. He published a work entitled "*A Guide in the Small-pox and Measles*, published in 1677," which was the first publication on a medical subject in America. Dr. Nathaniel Williams was also a celebrated physician and divine, who practised in New England not far from the commencement of the seventeenth century. He was called the "beloved physician," and was so agreeable in his manners when he entered the chambers of the sick, "his voice and countenance did good like a medicine." It revived the spirits and lightened the maladies. "He died on the 16th of January, 1737, aged sixty-three. He published a pamphlet on the inoculation of the small-pox. In a satirical pamphlet of the time, which introduced him in a conversation with Boylston and Douglass, the arguments for and against it were brought forward. The book is entitled, "*Mundungus, Sawney, Academicus, a debate.*" 1721. (*Prince's Sermon.*)

A few others of the distinguished physicians of Massachusetts in the seventeenth century, were Thomas Starr, Comfort Starr, Samuel Seabury, Thomas Little, Thomas Oliver, Henry Taylor, Daniel Stone, Thomas Oaks, William Hughs, Dr. Elisha Cook, senior and junior. None of these last, as I can learn, ever published any thing, so that the medical literature of Massachusetts in the seventeenth century was very scant.

The medical writers, too, of this State, for the first half of the eighteenth century, or to the year 1750, were "few and far between." About the year 1721, the small-pox made its appearance in Boston, and other parts of New England, and strange to say, the physicians of that period in America were generally opposed to the inoculation of it, while the clergy as generally advocated the practice. I refer to the early history of Massachusetts, and to the inoculation of the small-pox in our works upon the subject, and shall dismiss the subject here with the remark, that Dr. Zabdiel Boylston very ably defended the doctrine and practice of inoculation, while Dr. William Douglass, Lawrence Dalhonde, and Joseph Marion violently opposed it.

Dr. John Walton, of Boston, published one of the first medical books in America, an essay on fevers, published 1732. Dr. William Douglass published a valuable essay upon the angina maligna which prevailed throughout the country in the year 1735 and 1736.

Among the numerous eminent physicians who flourished in Massachusetts before the middle of the eighteenth century, I can only advert to those of Dr. Pyncheon of Springfield, Dr. Mather of Northampton, Dr. Thomas Williams of Deerfield, Dr. Sylvester Gardner, who died at Newport in 1786, aged eighty years. After this period to the time of the Revolution, we might mention the names of Dr. James Lloyd of Boston, the skilful surgeon and midwife, but particularly versed in the latter science; of Dr. Joseph Warren, whose life was gloriously sacrificed in the ever memorable battle of Bunker Hill; of Dr. Nathaniel Perkins, of Dr. Ebenezer Barnard of Deerfield, of Dr. Shattuck, Dr. Henry Wells, Dr. Frink, and many others, who just commenced their medical career at the opening of the revolutionary struggle. Many of these men were most eminent in the profession during the period in which they lived. But that was not an age of publications like the present, and consequently few if any of their writings have ever been published.

A rather more brilliant period in our medical history presented itself soon after the commencement of the war of independence. Some of our most intelligent and scientific phy

sicians held medical offices in the army, either during the whole or a part of the period of the struggle, either as hospital or regimental surgeons from Massachusetts, such as Isaac Foster, Samuel Adams, John Warren, William Eustis, David Townsend, John Homans, James Thacher, John Hart, Joseph Fisk, John Thomas, Abijah Richardson, Daniel Shuter. (*Thacher.*) Dr. John Warren, brother of the General who was slain on Bunker Hill, and pupil to him, first commenced a course of anatomical lectures, while surgeon of a military hospital in Boston, and in the following year these lectures were attended by the students of Harvard University. In 1782, the Medical College of that institution was established. Dr. Warren was appointed the first professor of Anatomy and Surgery there; Dr. Benjamin Waterhouse, professor of the Theory and Practice of Physic; Dr. Aaron Dexter, professor of Chemistry. This was the first medical college ever established in New England; and Dr. George W. Hall, and Dr. John Fleet, were the first who ever received the degree of Doctor of Medicine in this school. This was in the year 1788. Dr. John Warren was one of our most distinguished physicians, and was a most eminent surgeon. His principal published writings were "A View of the Medical Practice in Febrile Diseases" in the 2d vol. of the collections of the Massachusetts Medical Society, and one on Angina Pectoris, in the New England Journal of Medicine and Surgery, also communications to the American Academy, and orations. He was elected President of the Massachusetts Medical Society, in 1804. He died on the 4th of April, 1815, aged 62. Dr. Benjamin Waterhouse was also quite distinguished as a medical writer of Massachusetts, and was instrumental in introducing the vaccine inoculation into the United States. He wrote much in defence of this inoculation. He also published a work upon botany, besides many controversial medical papers. Dr. Aaron Dexter was an eminent chemist. He wrote much in the periodicals; and he delivered one of the annual discourses before the Massachusetts Medical Society, upon the use of blisters in the diseases of the articulations. I mention these men as eminent in their profession, during this period, and shall have occasion to mention many more while treating of the Massachusetts Medical Society.

This Society was the first of the kind established in the United States,* and it has exerted an influence over the practice of medicine over the State, altogether superior to that of any other institution, or even medical college. She stands now acknowledged by unprejudiced men, at the head of almost all other *State* medical institutions of a similar character in the Union; and while our State Legislatures are doing nothing towards raising the standard of medical education in our country, but are, in fact, many of them directly aiding the progress of empiricism, by fostering and encouraging the quackery of Thomsonism, and other delusions, this society has taken a noble stand, and will admit none to fellowship, who are not in every respect qualified; and she embraces in her ranks almost every physician of respectability in the commonwealth. It was incorporated in 1781, before the close of the revolutionary war, and the following were the original fellows who composed it, viz.: Nath'l W. Appleton, William Baylies, Benjamin Curtis, Samuel Danforth, Aaron Dexter, Shirley Ewing, Joseph Fisk, Joseph Gardner, Samuel Holton, Edward A. Holyoke, Ebenezer Hunt, Charles Jarvis, Thomas Kart, Giles C. Kellogg, John Linn, James Lloyd, Joseph Orne, James Pecker, Oliver Prescott, Charles Pyncheon, Isaac Rand, Isaac Rand, jr., Micajah Sawyer, John Sprague, Charles Stockbridge, John B. Swett, Cotton Tufts, John Warren, Thomas Welsh, Joseph Whipple, and William Whiting.

The Presidents of the Society have been Edward Holyoke, 1782–3 and 6; William Kneeland, 1787; Samuel Danforth, 1795; Isaac Rand, 1798; John Warren, 1804; Joshua Fisher, 1816; John Brooks, 1823; Cotton Tufts, John C. Warren, 1834; George Cheyne Shattuck, 1836; Rufus Wyman, 1840; Jacob Bigelow, 1842; Zadok Howe, 1847; John Ware, 1848.

Vice-Presidents. — James Pecker, Cotton Tufts, Isaac Rand, Samuel Danforth, Samuel Holton, Isaac Rand, Ebe-

* Note.—"The Medical Society of New Jersey was organized on the 23d day of July, 1766, and fourteen physicians became members. It was incorporated by an act of the General Assembly of the Province of New Jersey, passed on the 2d day of June, 1790." *Vide N. J. Med. Rep.*, for July, 1848, and *N. Y. Jour. Med., New Series*, vol. 1, 1848, p. 272. [Ed. N. Y. Jour. Med.]

nezer Hunt, John Warren, Joshua Fisher, Thomas Welsh, Abraham Haskell, Stephen Batchellor, Robert Thaxter, Edward Flint, Joseph Stone.

Authors of Dissertations, with their subjects, and the year they were delivered.

Isaac Rand, M. D. On Phthisis Pulmonalis, and the use of the Warm Baths 1804
John Warren, M. D. On the Medical Practice in Febrile Diseases 1805
Joshua Fisher, M. D. On several Narcotic Vegetable substances 1806
Thomas Welsh, M. D. On heat and cold as agents on the human body 1807
Hon. John Brooks, M. D. On Pneumonic Inflammation . . 1808
Aaron Dexter, M. D. On the use of Blisters in the Diseases of the Articulations 1809
Josiah Bartlett, M. D. On the Progress of Medical Science in Massachusetts 1810
Hon. Oliver Fiske, M. D. On certain Epidemics which have prevailed in the county of Worcester 1811
Abraham Haskell, M. D. On Cynanche Trachealis . . . 1812
Oliver Prescott, M. D. On the Natural History and Medicinal effects of Secale Cornutum 1813
Richard Hasletine, M. D. On Phlegmanæ dolens 1816
Hector Orr, M. D. On the Progress of Animal and Vegetable Life . 1817
James Jackson, M. D. On Fever 1818
Nathaniel Bradstreet, M. D. On the Proximate Cause of Fevers . 1820
John C. Warren, M. D. Comparative view of the Sensorial and Nervous Systems in Man and Animals 1820
John G. Coffin, M. D. On Medical Education and the Medical Profession 1822
Henry W. Childs, M. D. On the Progress of Medical Science in this State 1823
Robert Thaxter, M. D. On the excessive use of Ardent Spirits . 1824
Joseph H. Flint, M. D. On the Prophylactic management of Infancy and Childhood 1826
Nathaniel Miller, M. D. On the manner of detecting deep-seated Matter 1827
George C. Shattuck, M. D. On the uncertainty of the Healing Art 1828
William Sweetzer, M. D. Intemperance, for which the prize of the Society was awarded 1829
Rufus Wyman, M. D. On Mental Philosophy, connected with Mental Diseases 1830
Walter Channing, M. D. On Irritable Uterus 1833
Zadok Howe, M. D. On Quackery 1834
Jacob Bigelow, M. D. On self-limited Diseases 1835
Andrew Nichols, M. D. On Irritation of the Nerves 1836

George Hayward, M. D. On some of the Diseases of the Knee-joint 1837
Ebenezer Alden, M. D. Historical Sketch of the Massachusetts Medical Society 1838
Enoch Hale, M. D. On Typhoid Fever 1839
A. L. Pearson, M. D. On Fractures 1840
Edward Reynolds, M. D. On the Medical Profession 1841
Stephen W. Williams, M. D. Medical History of the county of Franklin 1842
Charles W. Wilder, M. D. On Pulmonary Consumption, causes, symptoms, and treatment 1843
John Homans, M. D. The character and qualifications of a good Physician 1844
William J. Walker, M. D. On the treatment of compound and complicated Fractures 1845
Henry O. Green, M. D. The Factory System in its Hygeinic relations 1846
John Ware, M. D. Condition and prospects of the Medical Profession 1847
Luther V. Bell, M. D. On the Practical Method of Ventilating Buildings 1848
Edward Jarvis, M. D. On the production of Vital Force . . 1849

A notice of some of the publications of the Massachusetts Medical Society, previous to the year 1800.

1. An account of the weather and epidemics of Salem in the county of Essex, for the year 1786; with a bill of mortality for the same year. By Edward Augustus Holyoke, M. D., A. A. S., M. M. S. 1787
2. An account of the Ulcerated Sore Throat, as it appeared in the town of Dighton, Massachusetts, in the years 1785 and 1786. By William Baylies, A. A. S. S., M. S. 1787
3. Experiments made with the common cowparsnip, in cases of Epilepsy. By Joseph Orne, A. M., A. A. S., Fellow of the Society, Salem 1783
4. An account of the successful treatment of a Paralysis of the lower jaw, occasioned by a curvature of the spine. By Nathaniel W. Appleton, A. M., A. A. S., Fellow of Society, Boston . . 1786
5. Remarks on the superior advantages of covering with the skin parts recently exposed. By Edward A. Wyer, Fellow of the Society, &c., Halifax, N. S. 1784
6. A case of Empyema, successfully treated by operation. By Isaac Rand, Fellow Society, Cambridge 1783
7. Observations on Hydrocephalus Internus, by operation. By Isaac Rand, jr., Fellow Society, Boston 1789
8. An account of a Preternatural Obstruction in the Vagina. By Joseph Osgood, Fellow Society, Andover 1786
9. Curious facts respecting Worms. By Thomas Welsh, A. M., Fellow Society, Boston 1789
10. Case of Calculus in the Urethra, &c. By Wm. Baylies, Dighton 1787

11. Experiments for determining the expediency of the Siganlian operation. By Joseph Orne 1783
12. An account of an Aneurism of the thigh perfectly cured by an operation, and the use of the limb preserved. By Thomas Kast, A. M., Fellow Society, Boston 1790
13. A long Appendix by various Authors.

The above constitute the articles published in the first number of the Society's Transactions, and were published previous to the year 1800. The next number was not published till the year 1808. It contained

1. Dr. Fisher's discourse upon Narcotics mentioned among the annual dissertations.
2. An account of a case of ruptured Uterus. By Oliver Prescott, F. S.
3. A case of compound dislocation of the Tibia. By Richard Hazletine, F. S.
4. Narrative of a case of preternatural retention of urine, in consequence of external injury. By James Thacher, F. S.
5. History of a wound of the Femoral Artery. By John C. Warren, F. S.
6. Some observations on worms infesting the human body. By Joshua Fisher, F. S. & P.

In the second part,

1. Observations on the Lymphatic distribution of the lower extremities of women while in the puerperal state. By Dr. Wyer, F. S.
2. History of a Retroverted Uterus. By Edward A. Holyoke, F. S.
3. An account of a thread around a child's neck. By John Bartlett, F. S. Roxbury.
4. An account of an extravasated tumor on the labia pudendi soon after delivery. By Dr. Osgood, of Andover.
5. History of an Hemorrhage from a rupture of the left labiam pudendi. By Dr. Nathaniel Appleton, F. S.
6. Case of Tetanus from the puncture of a tendon in the foot, cured by amputation. By Dr. Josiah Bartlett, of Charlestown.
7. A remarkable Uterine case By Dr. George Osgood, of Andover.
8. Case of Strangulated Crural Hernia operated upon by Gimbernati, with observations on Hernia. By John C. Warren, M. D.
9. Case of Calculi in the bladder of a boy. By Dr. Josiah Bartlett.
10. On the Vesicating properties of the Potato-fly. By Dr. John Gorham.
11. A case of Schirrus testis, cured by electricity. By Matthias Spaulding.

Medical Intelligence :—Report on Vaccination, 50 pages.

Observations on Phthisis Pulmonalis and its cure. By Isaac Rand, M. D., &c.

The second volume, in addition to the business transactions of the Society, contains,

1. An elaborate report of 134 pages upon the Spotted Fever, which prevailed in New England from 1806 to 1810.
2. On the use of Sulphate of Copper in Uterine Hemorrhage. By Joshua Fisher.
3. On Menorrhagia and Leucorrhœa. By Dr. James Mann.
4. On the application of a red-hot iron in Lockjaw. By Thomas Babbett.
5. A dissertation on heat and cold. By Thomas Welsh, M. D.
6. View of the Mercurial Practice in Febrile Diseases. About 200 pages. By Dr. John Warren.
7. Eulogy on John Warren, M. D. By James Jackson, M. D.

The third volume contains, in addition to many of the annual dissertations, an article on the comparative view of the sensorial and nervous systems of man and animals. By John C. Warren, M. D.

The fourth volume contains, in addition to the Transactions of the Society and some of the annual dissertations,

1. A Biographical Memoir of Dr. E. A. Holyoke, by a committee of the Essex Co. Medical Society.
2. A dissertation on Intemperance, for which the prize of the Society was awarded. By William Sweetzer, M. D.
3. Observations on Abortion. By Enoch Hale, M. D.
4. Memoir of William Stoddard Williams. By Stephen W. Williams, M. D.
5. Observations on the nature and treatment of Cynanche Trachealis. By Charles Macomber.
6. An account of an operation for Emphysema Encystis Steotoma. By John C. Warren, M. D.

The fifth and sixth volumes contain principally the Transactions of the Society, the annual dissertations of the fellows. A report on the Typhoid fever of New England, by Dr. James Jackson, and one by Dr. Enoch Hale, besides some other dissertations on medical subjects.

In addition to the above, the Society publishes annually a beautiful and useful medical volume, which is yearly distributed among the paying members of the Society. The annual fee of the fellows is three dollars, and more than half of it is refunded in the reception of these volumes. Under the head of Library of Practical Medicine, the following books have been published.

1. A Treatise on Fever. By Southwood Smith, M. D., Physician to the London Fever Hospital. Clinical Observations on Fever. By A. Twedie, M. D.
2. Principles of Surgery. By John Pearson, F. R. S. Surgical Observations on the Constitutional Origin and Treatment of Local Diseases and on Aneurism. By John Abernethy, F. R. S.
3. A Practical Treatise on Diseases of the Eye. By William McKenzie.
4. A Dictionary of Practical Medicine. By James Copland, M. D. Part 1.
5. Anatomical, Pathological, and Therapeutical Remarks on Gastro-enteritis, Putrid Aclynamic, Ataxic, and Typhoid Fever. By Charles A. Louis. Translated by Henry J. Bowditch, M. D. Vol. 1.
6. Boylston Prize Dissertations for 1836. By Oliver Wendell Holmes, M. D., Robert W. Haxall, M. D., and Luther V. Bell, M. D. On the question, How far are the external means of exploring the condition of the internal organs to be considered useful and important in medical practice.
8. Dictionary of Practical Medicine. By James Copland. Part 2.
9. Green on the Diseases of the Skin.
10. Louis on Yellow Fever. Translated by H. J. Bowditch.
11. Collins's Midwifery.
12. Brodie on Diseases of the Joints.
13. Ashwell on the Diseases of Children.
14. Sir Astley Cooper on Dislocations and Fractures.
15. Dictionary of Practical Medicine, by Copland. Part 3.
16. Evenson and Maunsell on Diseases of Children.
17, 18, 19. Dictionary of Practical Medicine, by Copland. Parts 4, 5, 6.

The whole number of members and honorary members of the Massachusettss Medical Society, who have joined since the formation of it, is probably more than fifteen hundred; and it is believed that at least one thousand members now belong to it, and they compose altogether the most respectable portion of the practitioners of Massachusetts, and much the largest portion of the physicians in the State. The Society has had an immense influence in regulating the practice of medicine in the State, despite of the opposing influence of the State government. Some little dissatisfaction has been found by the fellows in the distant parts of the State, from the supposed inequality of the influence of the members residing near the centre of the State; but a new organization of the Society is about to be adopted this winter, which it is believed will be popular all over the State, and will do away whatever prejudices may exist. This Society has perhaps furnished

more delegates, and given more members to the American Medical Association, that grand model for all other medical Societies in the Union, than almost any other Society in the States.

In giving this slight notice of the Massachusetts Medical Society, I have been obliged to carry its history to the commencement of the middle of the nineteenth century, to keep up a continuous link in the history of the progress of medicine in this commonwealth. I now revert back to the history of the Medical College, connected with Harvard University. This school, as I have mentioned above, was established in 1782, with the following Professors :—

1782 Dr. John Warren, Professor of Anatomy and Surgery.
1783 Dr. Benjamin Waterhouse, Prof. of Theory and Practice of Medicine.
1783 Dr. Aaron Dexter, Prof. of Chemistry and Materia Medica.
1806 Dr. John C. Warren, Prof. of Anatomy and Surgery.
1809 Dr. John Gorham, Prof. of Chemistry and Materia Medica.
1812 Dr. James Jackson, Prof. of Theory and Practice of Physic.
1815 Dr. Walter Channing, Prof. of Obstetrics and Theory and Practice.
1817 Dr. Jacob Bigelow, Prof. of Materia Medica.
1827 Dr. John White Webster, Prof. of Chemistry and Mineralogy.
1827 Dr. George Hayward, Prof. of Surgery, &c.
1827 Dr. John Ware, Prof. of Theory and Practice.
1827 Oliver Wendell Holmes, Prof. of Anatomy, Physiology, &c.
1827 Dr. H. J. Bigelow, Prof. of Surgery, &c.
1827 Dr. J. S. B. Jackson, Prof. of

The whole number of graduates in this institution, from its incorporation to the year 1840, was 297. Probably more than 225 have graduated since that time, making 522. This is speaking within limits. The number of students for twenty years, from 1819 to 1839, according to Dr. Walter Channing in his letter to Dr. Beck, was 1797. Probably enough have attended before and since to make the number of matriculants 3000.

While now upon the subject of medical colleges, I may as well speak of the Berkshire Medical Institution, which was incorporated in the year 1823. Probably more than 700 have graduated there, and more than 2800 students have matriculated there.

PROFESSORS. Dr. Henry H. Childs, Prof. of Theory and Practice, &c., twenty-seven years.

1823 Dr. John P. Batchelder, Prof. of Surgery, Physiology, &c.
Dr. Asa Burbank, Prof. of Obstetrics.
Dr. John Delamater, Prof. of Materia Medica and Pharmacy.
Dr. J. V. C. Smith, Prof. of Anatomy, Physiology, &c.
Dr. Chester Dewey, Prof. of Chemistry and Natural History, 29 years.
Dr. Stephen W. Williams, Prof. of Medical Jurisprudence, 9 years.

1824 John Ruggles Cotting, Lecturer on Chemistry.
Dr. Lewis C. Beck, Lecturer on Botany.

1827 Dr. Thomas Goodsell, Lecturer on Materia Medica and Pharmacy.

1826 Dr. John D. Wells, Prof. of Anatomy, &c.

1829 Dr. Samuel White, Prof. of Surgery.
Dr. S. P. White, Prof. of Surgery.

1830 Dr. Willard Parker, Prof. of Anatomy, Physiology, &c.

1832 Dr. Elisha Bartlett, Prof. of Materia Medica, Physiology, &c.

1836 Dr. David Palmer, Prof. of Materia Medica and Pharmacy.
Dr. R. Watts, Prof. of General and Speculative Anatomy.
Hon. Henry Hubbard, Lecturer on Legal Medicine.

1839 Dr. Robert Nelson, Prof. of Anatomy and Physiology.
Dr. Frank Hamilton, Prof. of Principles and Practice of Surgery.
Dr. James M'Clintock, Prof. of Anatomy and Physiology.
Dr. Alonzo Clark, Prof. of Special and General Pathology.
Dr. Moses A. Lee, Prof. of Materia Medica and Pharmacy.
Hon. Jacob Collamer, Lecturer on Medical Jurisprudence.
Dr. Benjamin Rush Palmer, Prof. of Anatomy and Physiology.
Dr. Gilman Kimball, Prof. of Surgery.
Dr. Edward M. Moore, Prof. of Principles and Practice of Surgery.
Dr. Edward H. Brown, Prof. of Mat. Med. and Medical Jurisprudence.

In the erection of hospitals for the reception of the sick, the insane, the blind and the deaf, Massachusetts is prominent and active. The Massachusetts General Hospital is an honor to our State, and to its munificent founders. The corner-stone of this immense building in Boston, was laid in 1818. I have not now time to enter into a more minute detail of the history of it, nor of the McLean Asylum for the Insane, connected with the Asylum for the Insane at South Boston, nor of the great State Asylum at Worcester. Nor will time allow me to speak of the Eye and Ear Infirmaries, and other charitable institutions connected with our profession in Massachusetts.

A notice of the written productions of *some* of the most

distinguished writers in the State, so far as we have been able to trace them, would show that Massachusetts stands professionally high in intellectual accomplishments. In conclusion, if a statement as minute as the preceding could be obtained from every State in the Union, we would have a pretty perfect history of Medicine in America, which is a desideratum.

Deerfield, Mass., Dec. 1, 1848.

ART. II.—*Fibrous Tumor of the Left Ovarium, successfully removed by the Large Abdominal Section.*—By W. H. VAN BUREN, M. D., one of the Surgeons of Bellevue Hospital, of St. Vincent Hospital, etc., etc.

ABOUT the middle of October, 1849, I was visited by a respectable young woman and her mother, the latter of whom gave the following account of her daughter's complaints: In the first place, she said that her daughter had never menstruated, but had not experienced any marked inconvenience from the absence of the usual monthly discharge. She was now twenty-one years of age. Five years ago she first perceived a small, hard, movable lump in the lower part of the belly, on the left side, which slowly increased in size, approaching meanwhile the median line, and causing an appearance externally of gradual enlargement of the abdomen. In three years it had increased to its present size, and since then, she is of opinion, that it has not materially enlarged. About this period, however, owing apparently to the pressure applied to the abdomen by her mode of dressing—with the view of concealing its unsightly prominence—she began to be troubled by a protrusion from the genitals, which was now a source of excessive annoyance; so that with the mortification caused by the abdominal enlargement, and the annoyance of the protrusion, which interfered with her walking, she was determined to submit to any means that promised relief. She was a young woman of fine appearance, and a recent opportunity which had offered, of changing her mode of life, contributed also to induce her to seek for aid.

Her general health had always been excellent, and her

family rather remarkable for vigor of constitution, to which she was apparently no exception.

On examination, I found the abdominal cavity occupied by a large, uniformly hard, spherical tumor, about the size of the head of an adult. It occupied the centre of the belly, and was exceedingly movable. In fact, it could be turned almost entirely over on its own axis, in attempting to roll it from one side of the abdomen to the other. The hands could be readily passed under the tumor, on every side, when the patient was lying on her back, and it could thus be lifted, as it were, from its bed. It lay, ordinarily, in contact with the symphisis pubis, but the fingers could be insinuated beneath it on this aspect, without difficulty, and it could be forced upwards at least four inches from the pubes. Between the thighs lay the inverted vagina, and the uterus, in a state of complete *procidentia*, forming a tumor, which protruded more than four inches from the vulva. At the most dependent point of this tumor was, of course, the os uteri, into which I introduced a female catheter, which penetrated, to my surprise, to the distance of five and three-quarter inches, before it came in contact with the fundus of the organ. This singular circumstance, which I subsequently verified on several occasions, I attribute either to elongation of the cervix and body of the uterus, resulting from its having been forced through the narrow *osteum vaginæ* of a virgin, by the superincumbent weight of the tumor; or, inasmuch as the patient has never menstruated, the uterus may be congenitally malformed.*

The tumor, moreover, presented neither the ordinary shape nor feel of a uterus in a state of procidentia; it communicated to the fingers the idea of a long fibrous cylinder, about an inch in diameter. The *os* was perfectly healthy and natural in appearance, and contained some of the transparent and glutinous secretion of the follicles of the cavity of the cervix.†

* Such a malformation, i. e., an unnaturally elongated uterus, is occasionally met with; in fact, I have seen an instance within the year, in a young woman who died at Bellevue Hospital, of organic disease of the kidneys, under the care of my friend, Dr. B. W. McCready.

† The whole tumor could be readily reduced into the cavity of the pelvis, where it would remain as long as the patient preserved the horizontal position, but as soon as she rose to her feet, it would come down again.

On grasping the uterus as it lay between the thighs firmly with one hand, whilst with the other the abdominal tumor was pushed as far and firmly as possible upwards towards the diaphragm, no impulse could be recognized as communicated by one hand to the other; and at the time, when the greatest amount of force was applied, the two hands were fully eight inches distant from each other, thus affording fair demonstration that the attachments of the tumor to the uterus were susceptible of considerable elongation, which circumstance, taken in connection with the extreme mobility of the tumor, rendered it almost certain that the pedicle by which it was attached to the uterine apparatus, was both long and slender. When the uterus was restored to its normal position, the lower edge of the tumor was distinctly felt from the vagina, and its probable connection with the left ovary recognized. This was confirmed by the origin of the tumor in the left iliac region, and by the result of a rectal examination in the upright position, by which means a knobbed projection from the tumor was distinguished, which was supposed to be the left ovary.

After this somewhat thorough examination, I informed my patient and her mother of the nature of the protrusion from the genitals; that it depended upon the weight and growth of the tumor of the abdomen, and could not be remedied with any certainty whilst the tumor remained in the belly; that there were no medical means capable of removing the tumor, but that such tumors had been removed by a surgical operation, which, however, was attended with imminent danger to life. She immediately testified her willingness to incur any risk which was accompanied by a prospect of relief. I then explained to both parties, as clearly as I was able, the probable course of the disease, and the amount of risk to life involved in the operation, and requested them to consider the subject maturely, and to inform me at the end of a week of their conclusion; meantime, at my request, the patient was examined by my father-in-law, Professor Mott, and by my excellent friends, Prof. Parker, Doctors J. P. Batchelder, Metcalfe, Markoe and V. Mott, Jr., who all concurred in the opinion that, owing to the extreme mobility of the tumor, and its apparently slender connection with the uterus, or its appendages, the case was a

peculiarly favorable one for operative interference, if such interference were in any case justifiable.

The evident absence of any extensive connection of this solitary tumor with any of the abdominal viscera, its apparently purely fibrous character, and the absence of all suspicion of any thing carcinomatous in its nature, together with the excellent constitution, and quiet, determined character exhibited by my patient, induced me to think very favorably of acceding to her request, and of submitting her to an operation. Her opinion that the tumor had not increased in size since the appearance of the *procidenta uteri*, I satisfied myself was fallacious. The efforts she employed to compress her abdomen within moderate dimensions, had evidently forced the tumor more into the cavity of the pelvis, and in so doing had extruded its natural contents, whilst the enlargement of the abdomen was apparently arrested. From the gradual increase in the size of her dresses, it was only too evident that the disease was steadily growing. Having satisfied myself thoroughly on this point, I concluded that, if she adhered to her determination to submit to an operation, after the full and fair statement that I made to her of the risk incurred, I would undertake the removal of the tumor; and accordingly, when at the expiration of the week, she returned and announced her determination to undergo the operation, I requested her to confine herself to a diet of bread and water for a week, and promised at the end of that time to do what I could for her relief.

On Monday, Oct. 29th, she took a full dose of Ol. Ricini, which was repeated on the following Wednesday; on both of these days at the hour of my visits (1, P. M.), her pulse beat 76 in the minute, even after I had informed her, on the second visit, that I would perform the operation at the same hour on the following day.

On Thursday, Nov. 1st, at 1 o'clock, P. M., I proceeded to the operation in the presence of the gentlemen named above, with the addition of Dr. Welford of Virginia, Prof. J. F. May of Washington, Drs. Isaacs, Fleet, and Kingsbury, and my pupils, Messrs. Page, Cunningham, Doneghy, Wilson, Turnbull, Vollum, and Hanners; and with the especial assistance of Dr. James R. Wood, and Messrs. Page, Cunningham, and Hanners.

My friend, Dr. John T. Metcalfe, for whose advice and assistance I am also much indebted in the after treatment of the case, administered the chloroform with his usual skill and success. The patient, who had not been allowed to eat any food for five hours previously, was rendered insensible in an adjoining apartment, and immediately before commencing the inhalation, she was requested to empty her bladder as perfectly as possible, and Dr. Metcalfe noticed that her pulse at this time, as before, was 76. It was about 65 when she was placed upon the table, nor did it vary materially from this rate, or in quality, during the hour and fifteen minutes that she was kept under the full influence of the anæsthetic; for she was not allowed to suffer the slightest pain, until some minutes after she was again replaced in bed, after the completion of the operation, the dressings, and the changing of her clothing.

After carefully replacing the uterus and vagina in their natural position, I made an incision on the *linea alba* ten inches in length, and cut carefully down to the peritonæum, tying or twisting all the vessels that gave blood, in order that as little as possible should escape into its cavity. This incision, after opening the peritoneum, and slitting it upwards and downwards with a probe-pointed bistoury to the full extent of the external wound, I was obliged to prolong fully two inches, before the tumor, with some effort, could be forced through it into the world. At this moment we recognized with regret, that the omentum was adherent to the superior surface of the tumor, over a space as large as the open hand. This was quickly detached, the scalpel being carried as closely as possible to the periphery of the tumor; three vessels of the omentum, required ligatures—of which both ends were cut off close to the knot, and the remaining portions returned to take their chance in the cavity of the peritoneum. The omentum detached, we turned to the pedicle of the tumor, and found to our gratification that it was slender, as was anticipated, consisting in fact of the left broad ligament of the uterus, singularly elongated and attenuated. This I proceeded to detach from the tumor, still cutting close to its surface, and tying five arteries of considerable size as they were divided. The cut surface on the tumor left by the division of this solitary attachment

to the uterus, measured a half inch by two and a half inches. The tumor being thus removed, its pedicle, some six inches in length, with five ligatures attached near to its fimbriated extremity, and containing, palpably, the fallopian tube in its substance, was left protruding through the wound. This it was proposed to include, at its middle, in a solitary ligature, removing the distal portion, and dividing carefully the peritoneum on the uterine side of the ligature, in order to avoid strangulation,—thus substituting one ligature for five. This was accordingly done, and the fimbriated extremity of the fallopian tube, together with the point of attachment of the tumor to the broad ligament, was cut away. In the portion remaining there was no trace of an ovary. We took the liberty of examining into the condition of the right ovary, and the fundus of the uterus, both of which felt and looked as they should, nor was there any farther trace of morbid growth to be discovered.

After this rapid exploration, which was all that was deemed justifiable, we proceeded to replace the omentum and to close the wound. This was effected by the introduction of seven full-sized "Carlsbad insect pins" at equal intervals, around which were applied strands of soft coarse darning cotton, as recommended by Dieffenbach. Strips of adhesive plaster were accurately applied in the intervals, and the solitary ligature from the peritoneal cavity was brought out at the lower angle of the wound. A little scraped lint along the incision, a longitudinal compress, and a carefully applied bandage around the abdomen, completed the dressing. After changing some portions of her dress, our patient was carried to her bedroom, and was left, with but one attendant near her, in perfect quiet, until consciousness should return. At this time her pulse was seventy-five in the minute, and natural in quality

During the operation, and whilst we were separating the omentum from the tumor, some mouthfuls of greenish watery fluid were ejected by the stomach, and a slight effort at vomiting was noticed once or twice afterwards at intervals. With this trifling exception the patient was perfectly quiet throughout, and the influence of the chloroform was every thing that

could be desired. The peristaltic action of the intestines, usually so troublesome to the assistants in operations of this sort, was in our patient not observable; the bowels during the time of their exposure were as quiet and passive as those of a *cadaver*. The action of the abdominal muscles was hardly noticeable, even during the effort at vomiting.

When the peritoneum was first opened, there was a slight gush of serous fluid, of which there seemed to be about ℥xx in its cavity. The amount of blood that escaped into the cavity of the peritoneum did not probably excceed ℥ij, and this was principally from the veins of the tumor, whilst being separated from its connections. The quantity was so slight that I did not think it worth while to use the sponge for its removal.

After the attachments of the omentum to the tumor had been divided, it was noticed by Dr. Wood that there was a double twist in its pedicle, and it was necessary to turn it over, completely, twice, before the broad ligament was recognized in its proper aspect. This twisting of the pedicle was no doubt owing to the fact that the tumor had been made to revolve on its axis more than once, at some former period, before the omentum had contracted adhesions to it; and these omental adhesions were probably the only obstacle that prevented me from turning the tumor completely over on my first examination of the patient.

Another circumstance remarked during the operation, was the greatly increased thickness of the peritoneum lining the abdominal walls; this, together with the omental adhesions, and the serum in its cavity—all products of inflammation—would seem to be attributable to the irritation caused by the size of the tumor, and to the somewhat rude attempts of the patient to diminish it by pressure.

On turning our attention to the tumor, which the comfortable condition of our patient allowed us to do as soon as she was removed from the room, it was found to weigh, as nearly as possible, seven pounds, avoirdupois, and to measure twenty-three inches in circumference. On its surface were two irregularly shaped commencing cysts, each about the capacity of f.℥ij, containing ordinary serum. At the point where the

pedicle was attached was the knobbed projection, the size of half a billiard ball, which had been felt from the rectum. On laying the tumor fairly open, its structure was to all appearance, purely fibrous, and that of the knobbed projection was similar in all respects to the rest of the tumor. Its substance was uniformly very dense, permeated by some large venous sinuses, and apparently well supplied with blood-vessels, some of which retaining their contents, made vascular patches on the cut surface; otherwise its color in the interior was of a dead white. Here and there on the cut surface a minute sac, or vesicle, the size of a very small pea, was to be seen laid open by the knife.

I may state here, that the structure of the tumor has been since examined microscopically, by my kind friend Professor A. Clark, of the College of Physicians and Surgeons, of this city, to whose pathological skill, in common with many of his professional brethren, I have been not unfrequently indebted; and that his examination reduces its purely fibrous character to a demonstration. It consists of fibres, interlacing each other in every possible direction, with minute and uniformly angular interspaces, and of no other histological element whatever. Not a cell was discovered in its structure; and this circumstance, as well as its mode of growth, forbid the idea of any thing cancerous in its nature, or of its probable re-production. I may also state, that the structure of the tumor, with the numerous minute cysts scattered throughout its substance; its position and attachments, and the source of the vessels supplying it with blood, together with the fact that there is no other ovary on the left side, render it extremely probable that the tumor is nothing more nor less, than the left ovarium in a state of fibrous overgrowth, or degeneration. And, judging from the commencing cysts on its surface, that it would have developed itself sooner or later in the form of a classical ovarian dropsy.

To return to our patient. Within ten minutes after she was placed in bed, she began to complain of burning pain in the abdomen, and of chilliness. I found her surface cool and dry, with a pulse increasing in frequency, and administered at once ¾ gr. of reliable sulphate of morphia in solution, with bottles of hot water to the feet.

At 3½ o'clock, P. M., her consciousness having perfectly returned, I informed her that the operation had been completed; at which she evinced considerable surprise and satisfaction; and that thus far she was perfectly safe, cautioning her to keep herself as quiet and composed as possible, and to endeavor to sleep.

I then left her in charge of Mr. Page, with directions to repeat ¼ gr. of morphia, if she still complained of pain at the end of two hours.

At 6 o'clock, P. M., she got ¼ gr. morphia.

7½ o'clock, P. M.—Still complains of slight general uneasiness, and of pain in the back. Pulse 108—full and soft. Skin pleasantly warm. Pupils rather large. Disposed to sleep. To have cold water in small quantities, and cracked ice during the night.

Friday, Nov. 2d, 9½ o'clock, A. M.—Patient has been quiet and free from pain during the whole night. She slept quietly and uninteruptedly from 11 o'clock till 2 o'clock this morning, and also at shorter intervals, asking occasionally for water. At 7 o'clock, A. M., she passed about f. ʒxij of dark-colored urine without pain. At 8 o'clock she complained of nausea, and ½ gr. of morphia was given in solution, according to direction, which was vomited in fifteen minutes. Complains now of a sense of general oppression, and occasional difficulty in breathing. Attitude and pupils natural. Skin moist and pleasant. Pulse 102, very slightly tense.

To take toast water and ice, and repeat morphia on any increase of pain.

7 o'clock, P. M.—No pain of consequence; disposed to sleep. Thirst considerable. Surface hot, with occasional moisture. Pulse 115, soft. Pupils natural. No change in treatment. Repeat morphia if pain or uneasiness increase.

Saturday, 3d, 9½ o'clock, A. M.—Was restless after evening visit, and took gr. j. morphia at 12½ o'clock. This morning is heavy and drowsy. Pupils smaller. Tongue dry and furred. Pulse 112, and less full. Skin warm and moist. No pain or restlessness. Continue toast-water and ice, and add very thin arrow-root, as a drink occasionally.

8 o'clock, P. M.—Dr. Metcalfe present. Patient has been

fretting at the delay of our visit, and is alarmed at some swelling of the abdomen, which is evidently caused by wind in the bowels. The influence of the morphia has begun to subside. Her attitude and aspect are natural. Pulse 112, soft. Respiration 17. Skin moist. Her mind was quieted; gr. j of morphia administered, and tepid catnip tea ordered for drink during the night.

Sunday, 4th, 10 o'clock, A. M.—Has been somewhat restless and thirsty during the night, but free from pain. Passed wind freely *per anum*. Passes water freely and frequently. Pulse 112, soft. Respiration 16 (asleep.) Skin moist. Drowsy.

No change in treatment.

Thus far her decubitus has always been natural, and there has been no pain on pressure of abdomen.

12 o'clock, M.—There is now more restlessness and anxiety than she has yet shown. Attitude natural. Slight pain on pressure of belly, with occasional shooting pains. Her pulse is 120. Skin hot. Morphiæ sulph. gr. j in solution.

6 o'clock, P. M.—She is easy and comfortable; complains of no pain whatever, even on pressure of abdomen. Less thirst. Skin moist. Pulse 106, soft. Respiration 16, sighing. Pupils small. Not particularly drowsy. Continue catnip tea and arrow-root.

Monday, 5th, 10 o'clock, A. M.—Still comfortable; complains only of weakness. Pulse 110, softer. Skin more moist. Respiration 16, sighing. Bowels somewhat distended with wind. Barley water, with lemon; strong aniseed tea for drinks; arrow-root.

8 o'clock, P. M.—Took gr. j morphia at 12 o'clock, M. Complains of a feeling of weakness and oppression. Pulse 108; quite soft. Respiration 6, sighing. Pupils smaller than natural. No swelling of belly. Urine passed naturally. Tongue white, furred and moist. Barley water during the night.

Tuesday, 6th, 9½ o'clock, A. M.—Has had a good night, and is quite cross and fretful this morning. Complains only of weakness, and of the irksomeness of confinement. Pulse 106. Skin moist. Respiration 14. Thick white fur on tongue. Removed bandage and compress from abdomen, and

withdrew two of the pins. Union is complete, except where the ligatures pass out. At one of these points a small quantity of fetid pus had collected between the integuments. Some wind in bowels. ℞ Magnes. Sulph. ℥j. Sp. Ætheris. Nit ℥ss. Ac. Sulph. Arom. ʒij. Aquæ Menthæ ℥iijss. Syr. Zinziberis ℥ij. M. Take a table-spoonful every hour. Barley water with raisins and strong aniseed water for drink. Arrow-root and milk for diet.

Wednesday, 7th, 10 o'clock, A. M.—No complaint except of wind and griping in bowels. Apthæ on tongue and mucous membrane of mouth. Tongue is red and sore. Pulse 96. Skin natural. Removed another pin. Continue medicine, and chicken water in addition to other food.

7 o'clock, P. M.—Still complaining of wind and pain of bowels. No motion as yet. Otherwise doing well. Administered very gradually, a large enema of strong catnip tea and salt, which brought away three or four copious liquid motions, with much relief. Continue diet. No medicine.

Thursday, 8th, 10 o'clock, A. M.—Has had an easy and comfortable night, and is doing well in every respect. Dr. Metcalfe has seen our patient with me daily since the third day. To-day we removed the dressings and the remaining pins. The union is complete, except where the ligatures pass out. Pins replaced by long strips of adhesive plaster.

Continue chicken water and arrow-root.

From this date our patient continued to improve regularly and steadily without a bad symptom. The smaller ligatures came away early, and on the 19th day, the large ligature from the broad ligament, separated on slight traction. The apthous inflammation of the mouth yielded after a few applications of the *Mel Boracis.*

A binder carefully applied to the abdomen, was continued until the 1st December, when a laced bandage which had been accurately fitted to the part, was substituted for it, and she was allowed to get out of bed, and gradually to assume her usual habits.

My attention, at this time, was anxiously directed to the uterus, for it was yet to be ascertained whether its recently formed adhesions would retain this organ in its normal posi-

tion in the pelvis, or whether it would again descend, as she resumed the erect position, and to what extent. I examined her daily, *per vaginam*, and satisfied myself in a few days that artificial means would be soon required to prevent it from changing its position. At first the uterus mantained its normal position perfectly, but shortly the os began to approximate to the vulva, and at the same time she complained much of uneasy sensations and dragging pains in the pelvis, and experienced a strong disposition to bend the body forwards in walking. The mucous lining of the vagina was also somewhat prolapsed around the vulva, in consequence of the previous elongation of its connections. Accordingly I selected, and on the 10th December applied, a spherical caoutchouc pessary, two and a half inches in diameter, which seemed to me to be the instrument best adapted to the case. I am pleased to find that since this instrument was placed in the vagina, she has ceased to suffer pain, and walks perfectly erect, and with a feeling of confidence unknown to her for some time before.

I have seen our patient within a few days, and am happy to state that, with the exception of the necessity of wearing the pessary which I apprehend will continue but for a limited time, and which at the present causes not the slightest inconvenience, she is in the enjoyment of perfect health, and expresses in very strong terms her gratification at the improvement in her condition.

In connection with the foregoing case, of which I have endeavored to give an accurate and truthful record, without entering into unnecessarily minute details, I am desirous of noticing one or two points in its treatment, which seem to me to possess especial interest.

It will have been observed, no doubt, that opiates were employed with unusual freedom after the operation, and until all danger of inflammation had passed, and this mode of treatment was carried out under the conviction, which I have long possessed, that in almost all forms of abdominal inflammation, opium is our most reliable remedy. This point in therapeutics, which I believe was first insisted upon by Gooch, I have frequently tested to its fullest extent, with the most satisfactory

results. It was, in fact, the confidence I felt in the power of opium to prevent inflammation of the peritoneum, and in the influence of chloroform to avert the danger of shock to the system, that induced me to undertake the performance of an operation, of which I hold no very high opinion, and which, even in so inviting a case, I should have hesitated to do without the sanction of my surgical friends.

There is, I conceive a very close analogy between the influence exerted by opium and chloroform in averting the injurious effects of violence inflicted upon the organism,—as for example, by a severe surgical operation. I have witnessed the abdominal viscera of a delicate female exposed to the air by an incision sixteen inches in length, for more than half an hour, handled, sponged, and bathed in the contents of ruptured ovarian cysts, whilst the pulse beneath my finger (as in the case which I have just recorded,) did not vary from 75 beats in the minute, and characterized by all the rythm, regularity, and volume of health; and this not succeeded by any collapse on the return of consciousness. It would be hard to believe, that a state of things similar to this could exist, unless there were some protective agency extended to the nervous centres, rendering them unconscious, as it were, of the amount of injury being sustained by the system. Unless I deceive myself I have witnessed this same effect from the chloroform, in a very considerable number of instances.

When chloroform is only partially administered, as is frequently done through fear of its full influence, its good effects in averting the shock of injury, are not experienced to the same degree: painful excitement, restlessness, and discomfort to the patient and operator, together with an unpleasant idea of the effects of the remedy to the lookers on, are frequently the only results.

With regard to the use of opium as an anti-phlogistic remedy, the same is true: inefficient doses excite the nervous centres, increase the discomfort of the patient, and fail entirely in their object. When the remedy, on the contrary, is administered freely, but always intelligently—the state of the pupils, the respiration, and above all, its influence in keeping down pain, being closely watched;—I believe that it possesses

the power of preventing the development of inflammation, as fully as chloroform will prevent the shock of an operation.

In accordance then with these views, I attempted the treatment of this case. The influence of the chloroform in preventing shock from the operation, was certainly all that could be desired, and my guide afterwards in the administration of the morphia was simply the existence of pain. Enough was exhibited to keep down all expression of abdominal pain, without regard to quantity. The influence of the full dose given on Sunday, (4th Dec.) the fourth day, at 1 o'clock P.M., was particularly striking. This was evidently, as will be seen by referring to the record, the critical period of the case, and a highly respected friend who saw the patient at 12 o'clock, M., an hour before, did not hesitate to inform me, that things began to look seriously, and that the lancet might be required. There was restlessness, hot skin, pulse of 120, and lancinating pains in the abdomen. At no other visit were there so many unpleasant symptoms present in the case. A grain of morphia was administered at 1 o'clock, and at the evening visit, when the patient's condition I felt would decide her fate, I approached her bedside with no little anxiety. She had no pain; a soft, moist skin; a pulse of 106; small pupils, and her respiration was sighing, and 16 in the minute. I recognized in these symptoms that the danger was past, and that she was under the full influence of opium. From this time she did well, and in a few days the opium was discontinued. It seems to me, then, difficult to resist the conclusion, that the opium, as well as the chloroform, had a large share in bringing about the favorable termination of the case.

With regard to the statistics of the operation of Ovariotomy in our own country, I have knowledge of 36 operations performed up to the present time, of which the issue of 14 has been fatal. Of these, 5 have been done in this city; three of them, which have never been recorded, terminated fatally from peritonitis; the remainder were perfectly successful, viz.: that of Dr. D. L. Rogers, and the case now recorded.

No. 123 *Bleecker-street, 26th January,* 1850

ART. III. *Report of a Case of Premature Labor artificially induced, with Successful Results, at the Seventh Month of Gestation, on account of Contracted Pelvis.* [Read before the Rensselaer County Medical Society, at the Semi-Annual Meeting, January 7th, 1850.] By THOMAS W. BLATCHFORD, M. D.

MRS. M., thirty-one years of age, short and thick set, of sanguine temperament and good constitution, was married Dec. 25th, 1845. On the 11th of September, 1846, I was sent for to attend her in her first confinement. The membranes had broken early in the morning, and without pain; pains however soon succeeded, and when I first saw her they were regular and quite severe. Upon examination *per vaginam*, the os tincæ was found but little if at all acted upon, and it was not until the second day that the dilatation was sufficient to ascertain that the head presented. After bleeding and a full dose of opium, dilatation progressed more rapidly, and was completed about the end of the second day, but notwithstanding the pains for the most part had been severe and forcing, with very short intervals of ease, at the close of the third day the head had progressed only through the upper strait. It now became very doubtful whether labor could be terminated without instrumental assistance. The advice of able counsel was now sought. In consultation it was agreed that inasmuch as the head still receded a little upon pressure, the pains still very forcing, the pulse firm and good, and no marked signs of prostration present, we should still leave the case to nature for a few hours longer. At nine o'clock A. M. we met again. The pains had continued unabated. The head was found about in the same position, but it now seemed completely impacted. The scalp was soft and patulous, no fœtal motion discernible upon examination per vaginam. Yet the patient said she distinctly felt life, and the stethoscope confirmed the assertion. Her pulse was somewhat quickened, and she had become very restless, and anxious that the child should be taken away immediately with instruments. We attempted the introduction of the forceps, but the pressure between the bones of the head and those of the pelvis was so great, that their introduction became impossible without endangering the

soft parts of the mother. The vectis was tried, but with no better success; and the only alternative was the perforation and the blunt hook, which effected delivery after about half an hour's effort. The child had been dead long enough to smell offensive, and the cuticle was detached in several places. It weighed a little over six pounds. In tracing the umbilical cord for the placenta, it was discovered that a bag of water presented. It was that of a second child and a footling case. The membranes were ruptured, the feet grasped, and labor terminated within about five minutes. The child was in a state of asphyxia, and remained so several minutes, but perseverance in the use of the hot spirit bath, and artificial respiration, at length restored it to life. It weighed four pounds, soon became vigorous, and grew finely, and is now, 1850, a very healthy girl between three and four years of age.

In about fourteen months after that time, Mrs. M., whose health had been excellent, found herself at the full term of a second pregnancy. On the 26th of November, 1847, labor commenced. It progressed much after the same manner as before. It was introduced by the rupture of the membranes. The capacity of the pelvis seemed less if possible than at the first confinement. It did not appear deformed at any one particular point, but of contracted dimensions in every diameter. After the first twenty-four hours her pains were almost constant, seldom affording her a five minutes' interval of ease. The tardy dilatation of the os tincæ did not seem to interpose any very serious obstacle to the descent of the head, (the head presented,) for it was about as slow after perfect dilatation had taken place as it was before. Bleeding as before was resorted to, but with very little apparent benefit, except in preventing inflammation. Opium she refused to take, in consequence of some unpleasant symptoms which before resulted from its administration.

Nearly seventy hours had now elapsed, and the prospect of delivery without instrumental assistance, seemed as remote as ever. The strength of the patient became exhausted. Her pulse was over a hundred. She insisted that she had not "felt life" for two days, and no signs of life were discoverable either by taxis or stethescope. The entreaties of both patient and

friends became urgent to have me terminate labor as before. At this stage further medical advice was requested. After a careful examination into the case, it was determined to wait no longer, but to use the perforator at once, as offering the only safe course for the mother. The perforator was introduced; the brain and most of the bones of the cranium were extracted, and yet nearly two hours were consumed before labor was terminated. The child weighed nearly eight pounds, and did not exhibit any signs of having been long dead. The patient recovered after an unusually short confinement, and felt no other inconvenience than a slight laceration of the perineum, which healed entirely in about two weeks.

From these two trials it became very evident that Mrs. M. could never have a living child of ordinary size at maturity. We were therefore necessarily driven to the conclusion, that this was one of those cases which would justify the induction of premature labor, at a period when the viability of the child might be reasonably calculated upon. Accordingly she was now promised, that should she ever again become pregnant, labor should be brought on at the seventh month, when the child would not probably weigh over four or five pounds, and when its life would not necessarily be endangered. She was further told that her labor would in all probability be very short, terminating after a very few hours' continuance.

During the last summer it became evident to friends, that Mrs. M. was again pregnant. She was last unwell 5th May. What doubts she may have entertained herself, were all dissipated when she felt life, the last of September. Very soon she sent for me, and reminded me of my promise. As the seventh month approached, she became increasingly anxious about her situation, and desirous to have labor induced, just as soon as we thought it would answer. Her health had been excellent. She had experienced no other inconvenience from her situation than an obstinate costiveness, and rather an unwieldy weight of abdomen. She was unusually large for one at seven months. Her size was thought to be greater than that of most women at nine months.

On Wednesday, 5th of December, 10 o'clock, A. M., being just seven months since she was last unwell, and two and a

half since she quickened, every thing being in readiness, with the assistance of Dr. Robbins, half a pint of "tar water" was injected into the womb through a large-sized male catheter, moderately curved, and by means of the syringe of a common self-injecting apparatus. The patient was placed upon her left side, with her knees separated. The fore-finger of my left hand placed upon the posterior lip of the os tincæ, guiding the catheter in its introduction. It passed without the least resistance from two to two and a half inches within the uterus, occasioning not the slightest pain. No fluid escaped from the catheter. The patient then turned upon her back, and was requested to take hold of the catheter herself, and not suffer it to move either backward or forward, which she did. The syringe was then attached to the catheter, and the injection slowly and cautiously passed, to avoid, if possible, the rupture of the membranes. Upon detaching the syringe, a few spoonfuls of fluid escaped through the catheter, tinged with blood, which at first we feared was the liquor amnii. The operation lasted but a few moments.

After remaining about ten minutes in a recumbent posture, she was permitted to get up, which she did, and moved about the house as usual, experiencing no other inconvenience than a constant draining from the vagina, of a small quantity of a fluid slightly tinged with blood, and tainted with tar, and a sense of weight as if, to use her own expression, "the child had settled down."

Nothing unusual occurred until Friday evening, the seventh, when she was suddenly taken with a chill and rigor, which lasted nearly two hours, accompanied with severe headache. It was succeeded by slight fever. She, however, rested tolerably well during the night, having bathed her feet, and taken an active cathartic.

Saturday morning I found her very comfortable, as much so as she had been for weeks, with the exception of the slight draining before mentioned, which, however, she said was not sufficient to require her to wear a napkin. At eleven o'clock, however, and after the operation of the cathartic, she was taken in labor. The pains at first were few and far between, until about one o'clock, P. M., when they became quite

violent and frequent. At two o'clock the membranes gave way during a hard pain, and a very large quantity of water was discharged. The nurse and patient both say, more than two quarts. It diminished her size very much; so much that when I entered the room, having been sent for in haste, I was saluted with "Doctor, see here, I have had my baby, and it is all water." The effect of this large evacuation was to give almost entire relief from pain. Upon examination *per vaginam*, no impression had apparently been made upon the os tincæ. During the afternoon and evening she continued free from any severe pain, and rested that night quite as well as she did the night previous. She felt occasionally a heavy bearing down sensation, and once in a while an acute pain in her back; occasioned, she said, by the uncommon motion of the child. If I could give her any thing to make that lie still, she was sure she should not have any pain.

By a little after eight o'clock, Sabbath morning, her pains again returned, at first slight and not very frequent, but they soon became very regular, the interval being about five minutes. An examination at this period detected no change upon the os tincæ. The point of the finger could hardly enter it, still the soft parts were not at all heated, and they were now well lubricated. It became evident that she was even now to have a tedious labor, notwithstanding the caution used. It was not until noon that dilatation could be said to have fairly commenced. The pains, though regular, did not assume any very great degree of severity until about five o'clock, when they began to be very forcing. She complained mostly of her back. Dilatation now went on more rapidly, and by eight o'clock the head could be felt forcing its way through the upper strait. From this time until about one o'clock, the pains were very severe, and yet very little progress had apparently been made toward the completion of labor. Dilatation, however, was now perfect. So far so good. But the patient, hitherto firm and resolute, began to manifest signs of restlessness and impatience, and her spirits evidently began to flag. If she could have pain any where besides in her back, she said she could bear it without a complaint. Her cry, and that of some friends, was for me to terminate labor immediately by

instruments, or give her something to put her out of misery; she wanted "to die and not live," &c. &c.

The head was slightly movable, receding a little after each pain, advancing, however, but little, if any further, during a succeeding effort. I was tempted at this stage to administer the ergot, or to employ the vectis, but the evident viability of the fœtus, the perfect dilatation of the os uteri, the thorough lubrication of the soft parts, and their entire freedom from any undue heat, together with the undiminished energy of the pains, and with all the comforting knowledge that a small child had once passed through the same aperture, encouraged my non-interference. Besides, I must confess, I felt a mighty unwillingness to resort to any aid, either medicinal or instrumental, in a seven-month case, or do any thing whereby I might endanger the life of the child, so long as the mother's safety did not clearly require it. Under these circumstances, therefore, I determined to leave the case still longer to nature. More than once I regretted the promise I had given her of having an easy time. I was often twitted about it, and asked if "I called that a quick and easy time," &c.

From about half past 1 o'clock, the pains were nearly continuous, and at times exceedingly severe, resembling much, those induced by the administration of ergot, and thus they continued increasing in force and severity if possible, until half past two, A. M. (113 hours from the time the tar water was injected,) when she was delivered of a plump and vigorous child, loudly vociferating its own advent. It weighed nearly four pounds. The placenta soon followed. The secretion of milk was established in the usual time, and the child required no lessons of instruction to draw it, taking the breast as promptly and as eagerly as if it had been a nine, instead of a seven-month's production. The mother recovered without any unpleasant symptoms whatsoever. The almost necessary "soreness and stiffness" after so much exertion, soon passed off, and in ten days she was up and about her room, and in one fortnight dismissed her nurse, assumed the discharge of her domestic affairs, and has the satisfaction, to use her own expression, "of nursing her own infant, with as fair prospect of raising it as any other mother enjoys." Her sufferings, it

is true, were very great, but in her own estimation even, and in that of those who witnessed both, they were not near as severe as those she had before undergone.

To my mind the five methods of inducing premature labor given by Churchill, in his "system of midwifery,"—and he devotes a whole chapter to the subject, with which every one intending to operate would do well to make himself familiar,—did not seem to offer the advantages which the simple injection of "tar water" presented. The ergot might endanger the life of the child, about one half being still-born after its employment. To puncturing the membranes, and letting off the waters either suddenly or pausatim, necessarily subjecting the child to great pressure at a period when the tenacity of life is very feeble, there was the same objection. The contracted capacity of the vagina would not in this case permit the "introduction of the hand sufficiently far to detach the membranes with the finger" without causing excessive pain, or even to introduce into the os uteri the spunge of Klugè. An attempt to detach the membranes for an inch or two within the os, by means of a catheter, seemed almost of necessity to endanger the integrity of the membranes; and "abdominal frictions and manipulations, and the warm bath," seemed to be remedies entirely too domestic, unscientific and uncertain.

M. Cohen of Hamburg, the first I believe to propose injections, states that he had been led to try them for the purpose of inducing premature labor, from noticing their power in developing contractions when introduced into the unimpregnated uterus, "and as," says he, "the pregnant uterus is in a condition apt to contract, he thought injections might be efficaciously used, and that without danger, to bring on delivery in those cases where it is necessary the fœtus should be expelled before the full period of pregnancy." He states further that "he had been in the habit of employing 'tar water' for diminishing the excessive secretions from the uterine surface," and thus he was led to make use of it for this object as in the case he has detailed.

The reader of M. Cohen's paper, as noticed in several of the leading Medical Periodicals, since 1847, will perceive that

I did not repeat the injection after six hours as M. Cohen recommends. I did not repeat it at all, for the reason that the constant though slow draining of a fluid more or less tinged with blood, led me to believe that the membranes had been ruptured, and notwithstanding all my care to prevent such an occurrence; and I continued of that opinion until informed of the copious and sudden discharge of water after two or three hours severe labor; otherwise, I should have followed M. Cohen's directions to the letter.

ART. IV. *Medical Sketch of West Point, N. Y., during the Summer of* 1849. By ROBERT SOUTHGATE, M. D., Med. Staff U. S. A.

THE present year will always be remembered as an interesting period in the medical history of West Point. The boasted salubrity of this post has been interrupted by the occurrence in our midst of disease and death, such as has been rarely if ever before witnessed. In 1832, whilst pestilential Cholera was desolating many portions of our country, West Point escaped its ravages; and when a few years later it revisited our shores, it seemed to respect this, until now, most favored spot.

Early in the summer just passed, the numerous cases of diarrhœa led to the suspicion that some unusual cause was in operation in our midst. Very many of us experienced a perverted susceptibility of the stomach and intestinal canal, which required more than ordinary care in the use of certain articles of food; but the cases of diarrhœa yielded readily to medical treatment, and we indulged the reasonable hope that the pestilence would once more pass us by unharmed. In this we were doomed to disappointment. On the ninth of July a case presented itself, of which the closing scene displayed some of the features of Asiatic Cholera.

A fine youth, a member of the U. S. corps of Cadets, was admitted into the Cadet hospital, under the charge of the surgeon of the post, on account of a painless diarrhœa, his alvine evacuations occasionally presenting a dysenteric character. I was informed that, when he presented himself at the hospital,

his gait was staggering, and his vital forces, that most speaking symptom to the clinical eye, lowered out of all proportion to the active symptoms of his disease. His diarrhœa, for some days resisted treatment, but at length was seemingly subdued, when an alarming change suddenly supervened; his pulse lost its force and volume, the circulation of his cutaneous tissue became languid (the color slowly returning after pressure with the point of a finger had been applied and suddenly removed). His respiration was observed to be somewhat embarrassed,—his bowels became again relaxed, and in defiance of the most faithful and judicious use of the remedial means which his condition demanded, he sunk rapidly, the color of his surface resembling that of the blue stage of "Cholera," for many hours before dissolution, and his mental integrity surviving almost all the evidences of organic life. Do we err in asserting that the subtle poison had marked him for its first victim at West Point, and that his youth, correct habits, and previous good health, had, after maintaining a manly struggle, been compelled to yield to its superior power?

Cases of diarrhœa continued to occur, and were noticed to be somewhat more intractable than they were at an earlier period of the summer; but no well marked case of the "Pestilence" came under treatment until August the 11th, some three weeks subsequent to the case of disease just briefly sketched. On that day, a recruit, who had lately arrived at West Point from Portland, Me., was brought to the hospital for enlisted men, in a state of alarming exhaustion. The history of the case, as correctly as could be ascertained, was as follows: Some twenty-four hours before I saw him, he had been attacked with diarrhœa, which he had failed to report, and during which he had imprudently eaten of unripe fruit. Between sunrise and nine A. M. of the 11th, when I was called to him, he had had some twelve evacuations by vomiting and stool, which information he conveyed to me in a whispering tone. He was lying on his back, the hand of death evidently upon him. His pulse was thready, his eyes sunken, with a livid circle around them—his cheeks depressed and cold—his fingers shrivelled—his breath cool; he suffered occasionally with cramps in the lower extremities, and whilst I was examin-

ing him, a stream of fluid resembling rice-water poured from his bowels. The case was evidently in a hopeless stage; the usual remedies were nevertheless assiduously applied, but he expired at six P. M. of the day of his admission into hospital. An interesting phenomenon was presented by this patient. About a half hour before death, there was an apparent improvement in his general condition; his pulse reappeared at the wrist, and acquired some volume; his skin became warm, and the expression of his face more natural; this simulation of returning health, was but the prelude to rapid exhaustion: in a half hour after this apparent resuscitation my patient was a livid corpse.

Almost simultaneously with the seizure of this patient, three children suffering from the diarrhœa, resulting from the combined influence of dental irritation and elevated atmospherical heat, were suddenly struck with an alarming aggravation of all their symptoms. Distressing irritability of stomach, urgent thirst, cool skin, wild and alarmed expression of countenance, spasmodic diarrhœa, (the stools being ejected with great force,) were the formidable combinations against which I had to contend. From this alarming condition they were with difficulty rescued by the most prompt counter-irritation, and the bold use of calomel, opium, and acetate of lead. What was the cause of this great perturbation in the systems of these little patients? Speculation would be interesting but fruitless, perhaps, of useful results. At the moment, the thought was originated by my mind, that the sudden aggravation of symptoms —the spasmodic diarrhœa and vomiting—the wild, terrified and excited condition of the sensoria of the little patients, might be referred to a subversion of the electrical equilibrium of their systems, upon which the harmonious progression of their functions depend; or will we be nearer the truth in supposing that on or about the day of their seizure, the cholera poison reached a higher degree of intensity, and finding the systems of these little patients predisposed to receive it, made an impression, to which they responded, by the terrible manifestation of functional derangement above described?

The next case of well-marked Cholera occurred on the first day of September, in the corps of Cadets, whose barracks are

remote from those of the enlisted men. Nearly three weeks had elapsed, and the Cholera excitement had nearly subsided, when it was renewed by the announcement that a well-marked case of the disease was under treatment. This case was interesting, inasmuch as the patient rallied from a condition apparently hopeless, only to disappoint the expectations of his non-professional friends, who knew not the phases of this fell destroyer of our race. Under the ceaseless care of the surgeon of the post, and the persevering use of calomel, opium and acetate of lead, with the application of sinapisms, stimulating frictions and dry heat, (the remedial means most relied on at West Point,) all vomiting, purging and spasm ceased; the skin became warm, the pulse increased in volume, and the patient expressed himself as being very comfortable. For twenty-four hours did this deceitful state of things continue—a calm which proved the precursor of the coming storm. No urine had been secreted for forty-eight hours, and all expedients to restore the action of the kidneys failed; suddenly the bowels commenced to discharge a large quantity of black fluid matter; the pulse fell rapidly; the respiration became laborious; the patient returning to a similar but more aggravated state than the one from which he had so unexpectedly rallied.

At or about the same time, an elderly lady, who was spending the summer at West Point, was attacked by the pestilence. In this case there existed a strong predisposition to the disease, from the fact that a pre-existing delicacy of the stomach and bowels of long duration, had been heightened by a sharp attack of dysentery, from which she had suffered some two weeks previous to her fatal illness. The day before her attack, she had fatigued herself beyond what prudence would have dictated; she nevertheless passed the night preceding her seizure very comfortably, having expressed herself to that effect, on joining her daughter's family at their morning meal. That morning I was requested to visit her. I found her sitting in the parlor, conversing with her usual cheerfulness. She complained of her bowels being too much relaxed, but in other respects seemed as well as usual. I enjoined quiet, and prescribed some astringent and anodyne powders to be administered according to the necessity of the case, directing an

enema of starch and laudanum, if the discharges were not speedily arrested. I took my leave to attend to other professional duties. Shortly after my departure, vomiting and purging set in, with great distress at the epigastrium. Several messages were sent for me; not being found, the surgeon of the post was called in, who directed a starch and laudanum enema. At my second visit, I was much distressed by finding my patient in a hopeless condition—her pulse rapid and thready —the skin cold and dewy—the eyes sunken in their sockets; in less than one hour and a half from the moment of her seizure, she was in the jaws of death. Every attempt to administer any thing by the mouth produced the most terrible nausea and vomiting; medicines were rejected before reaching the stomach; she begged that we would not continue the attempts. A compliance with her request was alike the dictate of humanity and common sense. The external treatment was most assiduously continued; anodyne and astringent enemata were administered; every thing was tried which occurred to my mind, or was suggested by Doctor I. M. Cayler, surgeon to the post, whom I requested to be associated with me, not with any hope of curing my patient, nor with any desire to divide the responsibility of a case *necessarily* fatal, but that her numerous friends might be satisfied that my judgment had been sustained by independent professional counsel. It was all to no purpose. She died at 6 P. M., the same day.

While in attendance upon this patient, I was requested to visit an elderly woman residing in Camptown,* another subject of Cholera. She had suffered with occasional attacks of diarrhœa in the early part of the summer. In this case the vomiting, purging, and cramps were arrested; the skin became warm, the pulse of good volume, and the general feelings of the patient comfortable. Her friends were much encouraged at the prospect; but the function of her kidneys had been suspended since the first hour of her attack, and I looked with suspicion upon any improvement which was not followed by the restoration of their important office. Diluents with the

* Camptown, a locality many feet below the level of the plain at West Point, where soldiers and their families are quartered.

milder diuretics were prescribed in the hope of soliciting their secretion, but failed of success. She began to present evidence of cerebral oppression; a blister was applied between the shoulders, and also to each lower extremity; the cerebral oppression gained ground, and finally eventuated in fatal coma. Three other fatal cases occurred at West Point, one a delicate female from Albany, nursing a child five weeks old, and weakened by a diarrhœa of two weeks' duration; two robust and previously healthy men, who were carried off within twenty-four hours from the commencement of their illness. It may be asked, what cases of recovery have I to put in contrast with this sad obituary list? I regret that I have none to report. That we arrested in limine many cases which would have eventuated in Cholera, may be fairly presumed; and if all such were reported as cures, our success on paper would at least equal that of the Homœopathists! but I would be guilty of a fraud against the interests of science, if I asserted that I had an agency in curing any completely formed case of Cholera at West Point; nor will any sane individual believe that homœopathic doses of camphor ever arrested a disease which strikes so profoundly at the vitality of the system. Extreme cases have occasionally recovered after treatment; but in the present state of our knowledge, the recoveries cannot be legitimately referred to the system of treatment pursued. A report of the cases in detail, would not repay the trouble of perusal. Every journal teems with such descriptions.

The above rapid sketch will give an idea of the force with which the pestilence struck West Point; and it was a matter of surprise with me that it should have numbered so few victims. Three of the cases, females of broken health, were necessarily fatal; but it was a powerful poison which could prostrate, in less than twenty-four hours, the energies of two robust and previously healthy men. And yet, never was treatment deemed more appropriate, or more faithfully tried. Calomel, camphor, acetate of lead, opium, stimulating frictions, dry cupping, the hot air bath, &c., &c., were put into requisition without the least benefit. Had the disease consisted mainly in congestion, the anti-congestive treatment so energetically used, would, it may be reasonably presumed,

have more frequently recalled the blood from the over-laden organs, and restored the balance of the circulating fluids; but though the skin was rendered scarlet by sinapisms, dry heat and stimulating frictions, the circulation was not relieved; the pulse continued feeble, the respiration oppressed and laboring, and the patient proceeded from bad to worse, stimulants only increasing the difficulty, until death stepped in to close the painful scene; or if the above-mentioned means, aided by liberal doses of calomel guarded with opium, succeeded in producing reaction, there remained behind another element which too frequently cut off all hope of recovery. A single look at a patient in the completely formed disease suggests to the mind, that no ordinary agent has been at work; that in all probability a powerful poison has invaded the system. How does this poison act? Would we be far from the truth in saying, that its force is expended upon the nervous system of organic life? During the prevalence of the pestilence, we hear of cases where the patients die after but trifling evacuations by vomiting and stool, much less than occur in ordinary diarrhœa or cholera morbus, and not sufficient to produce fatal exhaustion. Is the great morbid element present in this disease Ganglionic prostration—an arrest of the nervous energy sent to the viscera to maintain their organic life—to regulate their capillary circulation, and to preside over secretion and nutrition? The blood-vessels, too, appear to be converted into dead tubes, their vital expansion and contraction being lost, and their physical elasticity alone remaining. The blood seems, even while flowing through its vessels, disposed to perform the last act of its life, for the serum is swept off in torrents, and, long before animal life is extinct, we have a dark, sluggish stream stagnating in the tubes which contain it. The heart, "endowed in an eminent degree with the property of irritability," "an endowment properly belonging to it, and not derived from the nervous system," (Carpenter,) continues to act, and when pulsations can scarcely be detected in the larger arterial tubes, the application of the ear to the chest will discover the great central organ of the circulation striving as it were to overcome a mighty obstacle, every pulsation driving into the larger tubes more of the sluggish stream destitute of life-sustaining elements.

Amidst all this physical ruin, the mind appears to maintain a condition of comparative integrity; almost to the very last throb of the heart, the patient will comprehend and answer questions, and with a body cold and blue, and as it were dead, the mind will continue to act, as if to prove its independence of matter, and give a parting earnest of its own immortality. How painful, and yet how deeply interesting to the medical man is the spectacle of a patient within the grasp of this gigantic destroyer! Cholera would seem to be a special messenger sent to waken our sympathies for our race, which become weakened by the survey of ordinary disease and the commonplace events of the profession.

Such is a faithful portraiture of the disease as it appeared at West Point. As regards the treatment pursued, but little may be said. I had determined to give a fair trial to calomel in large doses, and it was administered with a fearless hand; with what success the record will show. Every journal, nevertheless, relates in detail, cases of its successful administration; and when I peruse them, I ask myself the question—can the cases have been similar to those we encountered at West Point? I have great faith in the anti-congestive and revolutionizing influence of large doses of calomel; but it remains yet to be proved, that they exert a positively curative agency in Malignant Cholera. Fortunately the diarrhœa, which usually ushers in the complaint, may be easily checked by rest in bed, and the administration of aromatic and astringent remedies: but if it be permitted to continue unchecked for a few hours, the patient may be considered as lost; for when the disease is in full possession of the system, it can only be mastered by an antidote yet to be discovered, which shall neutralize the pernicious action of the poison: yet though I have nothing to offer which can elucidate the treatment of the disease, some interesting considerations spring from a review of its history at West Point.

When Cholera reappeared in this country, I was strongly imbued with the idea of its contagious nature. Accordingly my attention was particularly directed to observe, whether any evidence corroborative of this idea would be presented during its prevalence at West Point. Nothing occurred to

favor this view. The disease appeared simultaneously at different points remote from each other, and not one of those who nursed the sick, suffered from the influence of the poison. It was interesting also to notice, that as Cholera disappeared, an unusual number of cases of Intermitting Fever presented themselves; and that dysenteries followed close upon the disappearance of intermittents. What a beautiful generalization would it be, if all these diseases, Cholera, Intermittent Fever, Dysentery, and Diarrhœa—each one of which is occasionally epidemic—should hereafter be demonstrated to depend upon different species of microscopic beings, vegetable or animal, which at distant and irregular intervals being developed in unusual quantities, invade the systems of man and the lower animals, producing the great epidemics, which sweep over the world. If such a theory should eventually be proved to be founded on facts, the hypothetical etiology of medical philosophers will be discarded, and medicine be rescued from much of the obloquy which now attaches to it. The discoveries of modern science have demonstrated things to exist, which a few years since were not even dreamed of; and it is not unreasonable to believe, that there may exist in the distant future, discoveries which will revolutionize the whole face of science. We have entered upon an era which demands certainty in the place of hypothesis. For a long time the medical mind was content with the doctrine of Marsh Miasmata; now how few feel satisfied with it. There was certainly more true philosophy in the notion of the ancients, that on the confines of pools and sluggish streams a malignant deity lingered, who caused disease and death among the inhabitants of their borders, than in the modern doctrine of Malaria; for with them the beautiful fiction was a graceful acknowledgment of ignorance. It remained for the philosophers of modern times to assert that heat, moisture, and vegetable decomposition, three very sensible things, gave birth to a something, and yet a nothing, which produced so much mischief. The cryptogamous theory yet remains to be proved, but it certainly has more semblance of reason, than any which has preceded it. In conclusion, how strong an illustration does the history of Cholera at West Point afford of the prophylactic power of

pure air, thorough police, wholesome and sufficient alimentation, &c., against epidemic poisons. For a long time did the poison exist in our atmosphere, before the powers of any one were sufficiently controlled to admit of its full and fatal influence. Appearing first in our neighborhood, on the opposite side of the river, some miles below West Point, it carried off many of the Irish laborers, on the Hudson River Railroad, whose filthy hovels invited its attack. It travelled slowly up the river, crossed over to Newburg and Canterbury, and last of all visited West Point. Is it not reasonable to suppose, that our elevated position, pure air, thorough police, &c., &c., acted as antagonizing influences, deferring the period of its visit, and when it finally appeared, enabling us to escape (save the comparatively few victims) its destructive power?

West Point, Nov., 1849.

ART. V.—*New Preparations of Valerian.* By A. K. GARDNER, M. D.

IN regard to no part of the science of medicine, are the opinions of practitioners so diverse, as on the value which they assign to the various agents employed in the cure of the diseases of mankind. Much unjust opprobrium has fallen upon the profession on this account; and the oft-quoted remark, that "doctors differ," comes from those who, because different remedial agents are employed by different persons, erroneously suppose that the two have a different view of the disease. They cannot see that to arrive at the same place, one traveller may choose a horse and another a mule, and yet each follow the same route. Sometimes, indeed, a different theory may cause different treatment. One may consider erysipelas as a disease of plethora, and may use the lancet, and depletions; another, considering a disease produced by debility, will give quinine and stimulants.

But the object of this paper is to say a few words in regard to the *Radix Valerianæ.* This plant is indigenous to Europe, where it is found growing abundantly in the damp woods and meadows, as well as upon the dry and more elevated grounds.

But though it is found growing naturally all over the continent, it does not seem to arrive to such perfection as in England. And it is from thence that our supply is principally obtained. Holland produces a little, which is occasionally seen in our market. There is, however, a very marked difference in the appearance of the roots of these two varieties. The Dutch is much smaller, shrivelled and stunted in its appearance; of a much darker color, and possessing far less of the peculiar smell which characterizes this plant. It has always been considered as possessing less virtues than the English.

Within a very short time—possibly three years—a very limited supply of still a third variety, has been offered in our markets. This may be called the American. Valerian is not a native of this country, as has been stated. Its presence, therefore, deserves some explanation. Some years since, Messrs. Brinley & Co., of Boston, imported some of the living root from England, and placed it in the hands of the Shakers at Enfield, New Hampshire. It is from this germ that the American Valerian of our market is produced. Whether from the favorable character of the soil and the climate of this country, or from the care bestowed upon it, by the skilful farmers and agriculturists of this fraternity, I know not, but from either or both, has sprung up valerian far superior in its appearance to the best produced in England. Perhaps the *Valeriana Officinalis* is not cultivated in England, and that the difference in its appearance may have arisen solely from the care which has been bestowed upon it. The most careless glance at the two varieties, shows a marked difference, and in favor of the American. The root is clearer, of a more yellow or brown color; the cylindrical fibres are longer, larger in circumference, and freer from knots, and presents none of the knobby, gnarled appearance which characterizes the Dutch, and is more or less observant in the English specimens. In addition to this, the aroma is far more fresh, freer from any musty additions, and in strength is allowed to be certainly as strong, if not superior to the English. So much for the sensible qualities of the American article.

In regard to the medical properties, the superiority which it is shown to possess over the English, is not more apparent than will be seen on comparing their intrinsic virtues.

Valerian is characterized as a mild stimulant, with especial direction to the nervous system, but without narcotic effect. Various diseases have been supposed to have been benefited by this root, but its use has lately been limited to spasmodic and nervous complaints. It has been administered in powder, but used in that form it has irritated the alimentary canal. Given in infusion, a large proportion of its virtues, which consist in a volatile oil, escape. The most common form is the tincture. This preparation has been found of most uncertain value, partly from the depreciation of the root while drying—from the injury it receives in exportation, but more from the fact that the alcohol extracts other qualities, which not only render the extract less efficient, but also produces nausea and gastric derangement. To obviate all these objections, the Messrs. Brinley have made a fluid extract from the green root, before any part of its virtues have been evaporated, and have thus been enabled to to present the profession a most valuable medicine, possessing all the virtues of all heretofore made preparations, in an increased degree, without the qualities which detract from the value of the powder and the tincture. Having used the preparation quite extensively for hysteria, nervousness resulting from masturbation, delirium tremens, &c., (were it necessary I could give numerous cases,) I am prepared to express my firm belief in its superiority to any form of valerian which has been before presented to the community. In this opinion I am supported by the profession generally in New England, where this preparation is in daily use, and by some of the most eminent of the physicians of this city.

The following is from A. A. Hayes, the State Assayer, which gives the analysis of its ingredients. Some recommendations follow, from various distinguished professors in New England.

"*Oil of Valerian, as furnished by Elder Parker. May 6th*, 1849. *Lowell.*—This oil, of a light yellow color, contains valerianic acid, a neutral body, besides the volatile oil of valerian. After exposure to air and moisture, an interchange of the elements takes place, a crystalline body appears, while the quantity of valerianic acid is increased.

"The crystalline body appears, by the analysis of Adolph Schliesser, Esq., to be new. In its general character it resembles Camphor, but differs from Borneol and Valerol, in chemical properties. Purified by solution in alcohol, and precipitated by water, it presents delicate, prismatic crystals of a snowy whiteness. While cold they are nearly odorless, with a slight aromatic, very bitter taste. This substance is volatile, and when heated has the odor of valerian oil. It melts into a perfect fluid, which becomes a crystallized mass on cooling.

"The specific gravity of well-formed prismatic crystals is at 60 F. 1033 to 1055, while the solid crystalline masses are suspended in a fluid of Sp. Gr. 1076. Slowly heated, fusion takes place at 198 $\frac{4}{10}$° F., to 197 $\frac{7}{10}$° F.; the transparent fluid remains, when cooled, to 195° F., but as it passes to the solid form, the thermometer marks 196 to 197 F. Below 180° the vapor rises rapidly, and condenses in frost-like, delicate, needly prisms of extreme purity. It is probable that the neutral body referred to above, is connected with the production of this new Camphor, but as yet experiments are wanting. Mr. Schliesser prefers to get more complete determinations, before he gives the results of the ultimate analysis he has made.

"The oil as obtained, contains all the medicinal constituents of the root, and in practice has been found to be identical with some fine samples of French manufacture. Indeed, the use of the natural fresh root for its production, insures a very perfect product, while the process is the result of the labors of all the eminent chemists who have studied the product of valerian to the present time."

Prof. Phelps, of Dartmouth College, speaking very highly of its efficacy, says:—"In your method of preparation, the active principle is detached from the nauseating constituents of the root, and obtained in solution. We may look upon the Fluid Extract, as a solution of valerianic acid." Prof. Cleavland, of Brunswick College, says:—"It contains the active, medicinal principle of Valerian in a *purer*, more simple and concentrated state than any other preparation of the root with which I am acquainted." Dr. Stedman, of the City Institution, Boston, says:—"In many cases where opium is

inadmissible as a narcotic, anodyne, or antispasmodic, this Extract of Valerian seems to answer the indication quite perfectly." Professors Mott and Parker, of this city, have also expressed their good opinion of this preparation. It is confessedly a simple extract, made by boiling the fresh root in pure water, with the addition of a little alcohol as a preservant. From the trial which I have given it, I am convinced that it will be found to supersede the use of assafœtida, musk, camphor, castor, &c., in a great degree. In the majority of cases I have found that from twenty drops to a teaspoonful, is an ordinary dose, repeated as often as every half hour if necessary. In delirium tremens much more can be advantageously administered.

ART. VI.—*On the General and Obvious Post-mortem Appearances of Cholera.* By W. S. BOWEN, M. D.

TO THE EDITOR OF THE N. Y. JOURNAL OF MEDICINE:

Dear Purple,—The following is an abstract of a paper read before the Society for Medical Inquiry, which was ordered to be published. Yours truly,

W. S. BOWEN.

New-York, 1850.

THERE are two great stages in this disease, each of which is marked by distinctive and widely different symptoms—one is called the cold stage, presenting different degrees of collapse, and the other is called the consecutive fever—or if you please, the hot stage. Two patients dying, one in the cold and the other in the hot stage, would present appearances differing very materially from each other.

The first stage is one of congestion; in this the aqueous portion of the blood is thrown off; and from this circumstance and to this extent the stage may also be called hemorrhagic.

The second stage is inflammatory, and the inflammation is, in the great majority of cases, principally of the stomach and small intestines. This I think, in common with all who have thought about it, is the essential practical feature of the disease, after it has passed the first stage. I do not mean to say,

that there is no other inflammation; but that this is the leading feature.

The first stage is one of congestion. The vessels of the brain and spinal cord are turgid with blood. The right side of the heart, and the coronary veins, and the lungs and liver, are generally found engorged. The kidneys and uterus are frequently injected, the latter frequently containing black fluid blood, or loose coagula. Dr. Lawrence, of the William-street Hospital, informed me, that those women who survived the cold stage complained that their menses had appeared. The spleen is always perfectly normal or else small, and drained of blood, presenting a shrivelled appearance. Such are the general appearances of the viscera named, but the degrees of congestion of the different organs are very variable; sometimes slight, or even absent in one or more, and profound in the rest; or, in some cases, the congestion might be slight in all the organs, while in others all are engorged with blood.

But the weight of the disease falls on the stomach and small intestines. You see trouble here the moment the peritoneum is opened, in the ramifying and distended vessels giving the serous coat a red and angry look. Exposing the mucous membrane of the stomach, in almost every case the cardiac extremity is found reddened and friable, while the remainder is pale, though frequently as much softened as the cardiac end. I say friable, to use a moderate expression, because I do not wish to be understood to say, that there was true inflammatory softening, as many have contended. I was not satisfied with the evidence of it, and attributed the fragility of the tissue to the congestion and serous effusions, which in every case exists in some degree. It is remarkable, that immediately on passing the free edge of the pylorus, the redness of the mucous membrane again appears, and terminates as a general rule with the small intestines, leaving the large apparently free from disease. These are the principal points worthy of notice, as marking the stage of collapse. I may add, however, that the urinary bladder is empty and contracted, and the gall bladder more or less distended, with olive-colored bile.

In consecutive fever, I am inclined to believe, that those organs which have been the longest and most profoundly con-

gested, or which are predisposed by previous disease, will in the stage of reaction become inflamed; hence we may have arachnitis, pneumonia, gastritis, &c. Dr. Isaacs found pus in the kidneys, I understand. I have only seen in addition to inflammation of the stomach and bowels, pneumonia and inflammation of the mucous coat of the gall bladder and ducts, which resembled scarlet velvet; the gall bladder was turgid with a substance resembling white of egg, and was more than twice its usual size. The dysentery, which in so many cases occurred after Cholera, is worthy of note: the only examination which I made, revealed inflammation from the cardiac orifice of the stomach to the anus without an abrasion. This I suppose was an extreme case; the symptoms were unlike those of the ordinary dysentery of the country, inasmuch as there was, at least, so far as I observed, but little pain or tenesmus. It appeared to me as if the vessels were yielding up the blood of the engorged and inflamed parts, exactly as the uterus gave up its contents in consecutive fever.

To sum up the whole, it may be condensed as follows:

1st. Initiatory stage, marked by diarrhœa—blood leaves the surface and seeks the centre.

2d. Stage of collapse, marked by rice-water evacuations—congestions of internal organs occur.

3d. State of reaction, marked by return of urinary secretion, and arrest of rice-water discharges—inflammatory action begins.

4th. Consecutive fever, marked by febrile reaction—fully developed inflammation and its consequences.

1. COLLAPSE CASES.

Case 1. *Head.*—On removing the skull-cap, blood flowed profusely. Cutting away the dura mater, the vessels ramifying over the hemispheres were found loaded. Substance of brain normal. No serum in the ventricles. Vessels of spinal cord turgid.

Case 2. *Thorax.*—Right lung moderately, left lung profoundly congested. Right side of heart and the coronary veins distended with blood. *Abdomen.*—Liver not much engorged,

gall bladder about half full, spleen normal, mucous coat of stomach and small intestines red, soft and friable.

Case 3. *Thorax.*—Lungs profoundly congested, right side of heart contained firm, white coagula; coronary veins distended. *Abdomen.*—Liver presented a white, mottled appearance, was easily broken down; gall bladder full. *Stomach.*—Mucous coat at cardiac extremity injected and throughout softened; spleen normal. *Pelvis.*—Left kidney, deeply reddened; bladder empty and contracted.

Case 4. *Thorax* as above. *Abdomen.*—Mucous membrane of stomach and small intestines decidedly softened; uterus contained blood; pelvis of right kidney injected.

2. CASES AFTER REACTION.

(From Jackson.*)

Case 5.—Admitted April 1st. April 5th, decided reaction in the morning, died on the evening of the 6th. *Abdomen.*—Stomach contracted on its whole extent; whole posterior surface occupied by numerous folds of a lively red color; the membrane covering these folds is softened, not yielding a strip. Pyloric valve of an intense red color (unquestionable inflammation). Liver moderately gorged with blood; bladder contained about ʒvj. urine. *Thorax.*—Pleura moist; pericardium moist. Lungs anteriorly white and dry; posteriorly red, engorged with blood, crepitant.

Case 6.—Admitted April 18th. Decided reaction 22d, died 22d. *Abdomen.*—Stomach small, not much larger than large intestines; mucous membrane every where of its natural velvet-like appearance, nowhere granulated, of its ordinary thickness and consistence; this membrane and the subjacent cellular tissues are somewhat injected. So of the small intestines. Liver of its ordinary size, rather soft; somewhat pale, finely granulated, and easily penetrated by the finger. Gall bladder at least double its size, distended by a greenish yellow liquid, which is transparent, mixed with an abundant yellow, glairy material, which adheres closely to the internal surface,

* Cases of Cholera collected at Paris in the month of April, in 1832, in the wards of MM. Andral and Louis, at the Hospital La Pitié. By James Jackson, of Boston. Carter, Hendee & Co. 1832.

even after washing. Bladder of moderate size, containing a little transparent liquid. *Thorax.*—Pneumonia in the 1st and 2d stages; serous membrane moist.

Case 7.—Attacked April 7th; reaction 13th; died 15th. *Abdomen.*—Stomach smaller than common, especially in pyloric half, where it is no larger than large intestines; contains a viscid mucus, which adheres closely to the mucous membrane. Internal surface generally of a deep red color, especially in longitudinal lines along the small curvature. Mucous membrane somewhat brilliant, and slightly though imperfectly raised like velvet; very slightly granulated at several points in the neighborhood of the pylorus. Liver moist, rather pale, of small size, not quite so firm as common, containing but a moderate quantity of blood. Gall bladder very small, containing a calculus in the midst of a puriform fluid; no ulceration. Spleen natural; kidney natural; bladder distended by a considerable quantity of urine, natural. *Thorax.*—Pleura moist; nothing remarkable in lungs; heart natural.

Case 8.—Attacked March 31; reaction April 5; died 6th. *Abdomen.*—Peritoneum, rather moist, but still slightly viscid and gluey; stomach contracted in its pyloric portion to the size of a large intestine; contains a green liquid, with white flakes of mucus; internal surface of stomach generally of a reddish tinge; in the great cul-de-sac numerous bright red points or dots, owing to a fine injection of the vessels of the mucous membrane; the membrane, however, of its natural thickness and consistency; small intestines congested; ileum within a foot and a half of the cœcum; of a deep livid red; swollen; projecting above the surrounding surface; very red and friable. Kidneys, pale; thick, white puriform matter in infundibula. Bladder, contains about half a glass of clear urine. *Thorax*—Lungs, Pneumonia, 2d stage.

3. CONSECUTIVE FEVER.

(From Ferris.*)

Case 9.—Admitted, 11th September; 12th, reaction; established, 15th; pulse full, tongue red, skin warm; 21st, died.

* A Treatise on Epidemic Cholera, as observed in the Duane-street Cholera Hospital, New York, during its prevalence there in 1834. By Floyd Ferris, M. D. New York: Harper & Brothers. 1835.

Head.—Brain and membranes natural; slight transparent fluid effused into ventricles. *Thorax.*—Heart natural; lungs collapsed. *Abdomen.*—Great omentum gangrenous; liver natural; spleen enlarged; stomach covered with patches of gangrene; small intestines so tender that they would not bear their own weight; large intestines gangrenous; bladder contained about a gill and a half of urine; kidneys natural.

Case 10.—Admitted September 20th; reaction 22d; died 25th. *Thorax.*—Heart natural; lungs highly congested. *Abdomen.*—Omentum gangrenous; liver, nothing remarkable; stomach externally exhibited a purple color; mucous coat softened, broken down, gangrenous in spots, particularly at the pyloric extremity; small intestines approaching to gangrene throughout, and of a dark mahogany color; mucous coat softened and broken down; large intestines gangrenous throughout.

It is impossible to deny that Dr. Ferris gives strong marks of inflammatory action in his cases; but when we reflect that M. Andral speaks positively of high inflammation in cases where reaction had scarcely set in, we cannot doubt the existence of such results in some cases. Dr. Lawrence, of the William-street Hospital, met with gangrene in one case last summer, as he informed me.

The blood in the congestive stages of Cholera, being thick and tar-like, it may be well briefly to give the analysis of this fluid by Dr. Garrod. Alfred Taylor and Andral did not find any albumen in the evacuations, and denied that the rice water was the serum of the blood.

Dr. Garrod's conclusions are as follows, viz:—That the proportion of water is much diminished.

That the specific gravity of the serum is very high, which is due to the increase of the solid portion of the serum, and especially of the albumen, and this fluid also tends to become less alkaline.

That the saline constituents of the blood are not only not decreased, but sometimes exist even in increased proportions, and that the diminution of its alkaline reaction is not due to the loss of salts, but to the impeded excretion of organic acids, which are constantly being formed in the system.

One word as to the contagion of Cholera. In many cases Peyers plates are enlarged. When I have looked at this and at the birth-place of many of our cases of Cholera, and known that sometimes a whole house full, and a whole court have been attacked together, or in rapid succession, and that it has spread through the crowded steerages of ships at sea; and when I have looked at the various phenomena of consecutive fever at the bedside, I have been inclined to suspect that the poison of typhus was sometims combined with the poison of Cholera, and perhaps gave to it its contagious quality.

ART. VII.—*Cases in Surgical Practice.* By E. P. BENNETT, M. D., of Danbury, Conn.

Successful ligature of the femoral artery for wound of the anterior tibial.—As the tying of the femoral artery for disease or injury of the anterior tibial, has so rarely succeeded, I have thought, perhaps, that the following case might be worth giving to the public. In July 1844, D. Sandford, a middle aged, healthy farmer, accidentally wounded himself with a sharp-pointed, narrow-bladed pocket-knife. The knife penetrated the leg about two inches below the knee-joint, passing between the tibia and fibula, wounding (probably not entirely severing) the artery immediately below where it passes the interosseous ligament. He bled rather profusely; but a physician being near at hand, the wound was merely brought together and secured by adhesive plaster and bandage, without any suspicions in regard to the true nature of the case. The result of course was an aneurismal tumor, pulsating violently, and when the bandage was removed bleedingly furiously. This was his condition two weeks after the reception of the injury, the time when I was first called to see him. The injury was too high up the limb to put in practice the directions of Sir A. Cooper, in cases of aneurisms and injuries of this artery, viz., that of cutting down upon the vessel at the place of the injury, and securing both ends of the divided or wounded artery; but had the wound been lower down, the condition of the

parts at this time was such (being infiltrated with blood, lymph, and serum) as to preclude the idea of any such operation be-being successfully accomplished. The only question, then, which presented itself was, whether the cure should be attempted by pressure, or whether the femoral artery should be tied. Upon consultation with a neighboring physician of considerable eminence, we concluded to make trial of pressure, and if that failed, as a last resort, to tie the femoral artery. Pressure was accordingly tried, but it could not be so applied as to be endured by the patient, and at the end of a week was abandoned entirely. I then tied the femoral artery in the usual manner, and in the usual place. No difference of temperature of the limb was observed until the second day, when it was found to be a little cooler than its fellow; it was wrapped in cotton batting, and a bottle of warm water applied to the foot, which soon restored it to its natural warmth. I did not observe any increase in the temperature of the limb soon after the operation, as mentioned by some authors. The ligature did not come away until the 30th day, but the patient did well, recovering without a bad symptom, and regaining the perfect use of the limb.

Case of Urinary Calculus, having for its nucleus a common garden bean.—In July, 1842, I operated on H. White, a young man, aged 17 years, for stone in the bladder. The operation was performed in the usual manner, for the lateral operation using the Gorget. The stone was of large size, weighing four ounces; was of a dark color and soft consistence. In extracting it it broke, and displayed in its centre a common white garden bean; it was perfect in shape, but soft to the touch, and easily broken down: he recovered in two weeks so as to be able to walk out. Upon questioning him, he admitted, that three years before he introduced the bean into the urethra, and that it slipped from his fingers, and passed so far down, that he was unable to get it out; and he pushed it down into the bladder, and from that time his urinary troubles commenced.

ART. VIII.—*Observations upon Epidemic Typhoid Fever, which prevailed along the Valleys of the Oswayo and Honeyoye Creeks, in the Counties of McKean and Potter, Pa., during the Summer and Winter of* 1847 *; and upon the use of Calcined Mercury in its early treatment.* By R. P. STEVENS, M. D.

I REMARK that this fever was preceded in every neighborhood, in each family, and in every instance, by an epidemic influenza. The character of this influenza was, upon the whole, mild, although in three cases it induced consumption in persons predisposed to phthisis, which ended fatally; and in several others acute bronchitis, which, however, easily yielded to appropriate treatment.

The symptoms of this influenza, as felt by myself, were as follows: A sudden invasion, violent sneezing, as if some insect was irritating the schneiderian membrane, and not only irritating, but also stinging it. I presume I sneezed at least a hundred times in a ride of as many rods. In a few hours an irritating cough followed, with some oppression of the chest, deep-seated pains, with soreness of the flesh; chills, with flashes of heat rapidly succeeding each other; dryness of the skin. A remarkable feature, always attending, and generally supervening the third day from the attack, was salivation and folliculitis of the mouth and fauces. In some cases this ptyalism was so severe as to lead the patients to suppose that they were affected with calomel. Severe constipation of the bowels attended, though in some cases diarrhœa was present. I prescribed for some one hundred cases, and there were many more so mild as to need only household remedies. This influenza preceded the fever some six weeks, yet in some cases they were nearly blended, the patient only convalescent from the first, before being attacked by the fever, the one apparently running into the other.

The general features of the fever were in the graver cases sudden prostration of the strength, with chills, speedily followed by fever, a tensive pain in the head, ringing in the ears, deafness, oppression of the stomach, eyes suffused, face red, skin dry, pulse 100 to 120, and reluctant and vacillating; a

general tremor, with difficulty in commanding the movement of the muscles, the patient appearing as if overcome with alcohol; the tongue trembling and forgetting to articulate more than half a sentence; coated with a slimy yellow coat in the middle, and successively changing to a light brown, dark brown, and lastly black; the tip and edges red, and soon assuming a glazed appearance; in the progress of the disease becoming cracked and sore; teeth covered with sordes; intense thirst, great heat of the skin, especially of the belly; the pulsation of the abdominal aorta felt its whole length; bowels costive; somnia with delirium attended.

These symptoms are taken from a case which had no medical treatment whatever, and which, therefore, offered itself as the true type of the disease.

Treatment.—And here it is I wish to speak of the great and certain powers of the calcined mercury, in breaking up and overcoming the morbid impression made upon the system by this fever in its earlier stages; and I might remark parenthetically, not only in this, but also others, especially those of a congestive type, in every case where the tongue had a yellowish coat, a full emetic of this mineral was exhibited, sometimes aided by ipecac, where I wished a prolonged emesis. The ejections of the stomach were uniformly thick, viscid mucus, with bile. After the emetic a full dose of pulv. Dov. was administered with infus. eupatorium perfol.; epithems to the bowels. The day following, if febrile symptoms had at all remitted, Dover's powder, with quinine or sulph. cupri, with sulph. morphia and ipecac, were exhibited. This course of medication cured two cases in *two* days, ten in *three*, one in *four*, five in *five*, and four in seven. If, however, on the day following the emesis, the fever continued unabated, alteratives were prescribed until the dejections of the liver and bowels showed the influence of mercury. For this purpose hyd. cum cretæ, with ipecac, was preferred. Epispastics to the abdomen, and if great, somnia also to the nape of the neck, and in one case behind the ears. Carb. amm. and infus. serpentaria were freely exhibited. When the fever continued beyond the fourteenth day, carb. amm. with wine and sulph. quinine were largely prescribed. Rubefacients to the extremities, wrapping

them up in cotton batting, having first bathed the cuticle with oleum monardæ. Three cases ran fourteen days, two twenty-one days, and one proved fatal the fifteenth day.

A peculiar characteristic of the fever was a tendency to a discharge of blood on critical days. If we take the case which serves as the type of the disease, we find it running fourteen days without treatment, most of the time sleeping, huddled up in the bed-clothes, sliding down to the foot-board, and finally having a violent hemorrhage from the nose, mouth and rectum. Five had hemorrhage from the rectum alone; three from the nose; one from the stomach; one rather mild case, treated only with infus. eupatorium perfol., had an alarming hemorrhage from the nose; one from the uterus, and another complicated with abortion in a woman accustomed to miscarriages.

To restrain the sanguineous discharges, ethereal ext. tannin was used with decided effect.

Where the fever assumed the nervous or sinking form, an infus. serpentaria, colombo and valerian, in equal quantities, proved a valuable combination.

In two cases, where it assumed a periodical character, quinine in full doses promptly arrested it.

In one case, a patient aged fourteen years, subject to frequent attacks of epilepsia from infancy, opisthotonos appeared the third day, and proved fatal the seventh. In this case opium, with its alkaloids, exts. belladonna, stramonium and aconite, with wine and quinine, epispastics to the spine, were used in heroic doses without any mitigation of the symptoms, opium only excepted: this would give some sleep, some brief forgetfulness of his terrible agonies. Great tenesmus and dysuria attended.

The calcined mercury which I use, is manufactured by Mr. Richards, an apothecary at Jordan, Onondaga Co., N. Y., by a process somewhat different from the formula of the U. S. Dispensatory, which renders its action more mild and equable than is described in that work. It is a fine, impalpable powder, of a yellowish rather than reddish aspect. In doses of one or one and a half grs., it is a prompt emetic. In these doses I prescribe it.

ART. IX.—*Peculiar Case of Tetanus, occurring twelve days after the operation of "Excision of a Scirrous Mamma."* By SAMUEL TYLER, M. D.

MRS. P——, aged seventy years, a very intelligent lady of Virginia, the mother of a numerous family, many of whom have been and still are distinguished in the various professions and callings of life, visited Frederick on the 13th day of December, 1849, for the purpose of having a scirrous tumor of the right mamma removed.

She stated that the tumor in the breast had appeared spontaneously; and when first noticed four years ago, was the size of a small walnut, and had gradually been increasing until it reached its present size, which was about that of a large orange. Near the right side of the nipple there was some little excoriation, produced by its having been lanced, and using external applications, previous to her visit to Frederick.

She was advised by my father—an old and experienced physician—and by myself, to the following effect: That as there was excoriation of a portion of the skin, it was highly probable there was constitutional contamination, although there was no axillary or other swelling, independent of the tumor itself; but as that excoriation would certainly be the forerunner of deep ulceration, which would produce hemorrhage, lingering suffering, and death; and moreover, as she was so far advanced in life, and apparently of so robust and healthy a constitution, (her mother having lived to the age of eighty-six or more years,) her chances of a prolonged life would, in our opinion, be enhanced by the removal of the breast.*

On the morning of the 19th of December, in the presence and with the aid of my father and Drs. Stainer and Johnson, I removed the tumor with the knife, having previously placed the patient under the influence of chloric ether, which saved

* I think it not amiss to state here, that we were strengthened in this opinion, by the result of the following case: I removed a tumor, having many of the characteristics of scirrous, (a large fungoid growth protruding from an ulcerated portion of the breast, the whole mass weighing nearly eight pounds,) two years since, from the person of a very delicate lady, aged about 45. She is now living, and in better health than she has been for many years.

her much suffering, although it did not act so well as in many instances in which I had used it before; attributable, I think, to the extreme agitation which came over the patient just previous to the operation, having made a great effort to be composed for several days before.

After the operation the wound was dressed in the usual way, and the patient placed in bed. Until the period of the first dressing, which was prolonged to the 23d, she continued in as good a condition as could have possibly been expected, excepting some occasional nervous spells, which were always relieved by stimulants. On the morning of the 23d the wound was opened and dressed. It looked healthy, with some little suppuration in the upper portion. During the dressing, the patient was considerably affected by the smell of the wound, though her spirits were lively and cheerful. Stimulant treatment and nutritious diet were continued, and a mild aperient to be administered pro re nata.

25th.—Dressed the wound. There was very free *laudable* suppuration all over the surface, with some healthy granulations in the upper part. Her condition generaliy good. Same treatment continued.

The same condition of things in reference to wound and patient continued until the evening of the 1st of January, when she complained of stiffness in the back of the neck, which was attributed to the position of her head in the bed. This was changed, and an opiate administered.

Jan. 2d, 9 A. M.—There was a slight degree of trismus, so slight though, as to lead us to hope it was mere apprehension. At this juncture, and not until *then*, were we informed that the patient had had for years a continual horror and fear of dying with tetanus. The wound, which still looked healthy, discharging *laudable pus*, was dressed, chloric ether being administered at the time. Ordered pills of camphor and opium every four hours, with occasional inhalations of ether in the intervals. This treatment at times seemed, and undoubtedly was beneficial, and we indulged the hope of her recovery. Some of her symptoms resembled those of the case not long since reported by Prof. Jackson of Philadelphia, (see Am. Jour. Med. Science, April, page 298,) such as being greatly agitated, and sometimes spasms being produced by the

least tread of a slippered foot, or the rustling of a dress. She had, however, no fear or dread of water. The exhibition of opiates, especially a camphorated tincture of opium, occasionally relieved the fixedness of her jaws, as if it were by a charm, but the beneficial effects were never lasting in their nature.

Without going further into the minutiæ of the case, suffice it to say, that the tetanic symptoms increased violently, and baffled all treatment, until death closed the scene of this sad case, on the morning of 8th of January, in the form of ataxia and adynamia. Her mind was nearly always clear. It should be recollected that, as was before mentioned, from the moment the first symptom of this dread disease appeared, and *it* could scarcely be called a symptom of *tetanus*, the patient gave herself up to the apprehension or imagined certainty of death. What in my opinion is a great peculiarity in the case, besides her age, tetanus rarely ever occurring after the fiftieth year, is the fact that the wound continued discharging healthy pus, and was covered with fine healthy granulations, up to the very moment of dissolution, and in every way presenting the most favorable appearance. I will also state there was but one artery ligature, and it very small. The wound had also cicatrized greatly, one half being closed at the time of death. These facts certainly are not in accordance with the experience of the profession, in reference to traumatic tetanus. Then, was this disease produced by apprehension, is a query, which I think this case justifies being put to the profession. It may serve to excite interest with reference to this most interesting disease, and probably tend to its elucidation. The neuro-dynamic force of the system has nothing of a settled nature, and hence its irregularities must tend to making our knowledge of it more uncertain. In tetanus, nervous ataxia exhibits its culminating points; if we can only understand this completely, we have made considerable progress towards a full knowledge of the laws governing the nervous system.

I would add in conclusion, that I can find on record no case of tetanus occurring after removal of the breast, but one, which occurred some years ago in St. Bartholomew's Hospital, and its history is not given.

Frederick City, Md.

ART. X.—*On the use of Chloroform in the Collapse of Cholera.* By P. C. VAN WYCK, M. D.

BEING employed in the late epidemic as one of the physicians to the Blackwell's Island Hospital, I had an opportunity of seeing a great deal of this fatal disease, and had the satisfaction of trying the different modes of practice, as recommended by the most eminent writers on the subject. So far as the first stages were concerned, about equal success attended each method; and, generally speaking, there were about as many patients cured in that hospital, in proportion to the number treated, as in any other institution of a similar character. Of the collapse cases, the mortality was fearfully large, some however recovered. But as in similar cases elsewhere, all treatment seemed to be of little avail in arresting the fatal progress of the disease. On the 6th of August, however, as the epidemic was about taking its leave, the first case occurred in which the cure could be satisfactorily attributed to the means employed; it was as follows:—

Case 1st.—Emma Marshall was attacked with vomiting and purging, on the 6th of August, 1849—of good constitution, age 22 years—had been admitted into the hospital with syphilitic buboes, which were suppurating; she had had a slight diarrhœa for a few days previous. At the time of the attack two camphor and opium pills were ordered to be given after every stool, and the patient to be kept in bed. About two hours afterwards saw the patient, and found she had been unable to keep the pills on her stomach; the pills were then stopped, and the calomel and morphine powders substituted (three grains of calomel, half a grain of morphine), to be given immediately after vomiting, and enemas of laudanum and tannin after every stool. About four hours afterwards, visited the patient; she was no better, and had vomited the powders in the same manner as she had previously the pills,—the discharges from her bowels were no less frequent,—medicines both of an acid and alkaline nature were then resorted to, in order to check the vomiting, but with no avail. The patient was well covered

with blankets, had hot bricks kept to her feet, and sinapisms over the stomach, and during the whole time was allowed free use of ice. Such was the method of treatment pursued, but seemed (as was often witnessed in similar cases) not to have the slightest beneficial effect. At seven P. M., saw the patient again, with some of my colleagues; vomiting and purging continued—her extremities were cold, eyes sunken and glassy, —cold perspiration on the surface of the skin, tongue cold,— breath cold, face of a leaden hue ; pulseless at the wrist ; extremities contracted and shrivelled ; every three or four minutes seized with violent cramps, and crying out at the topmost of her voice, and in fact, every other symptom denoting a perfect state of collapse was present. Little, if any hopes were entertained of her recovery, and as all previous attempts to exhibit medicines by the mouth or anus had failed, from the fact that they were no sooner taken than they were rejected or discharged, it was decided to try the effects of chloroform through the medium of the lungs, indulging a hope that so long as the patient was under its influence, it might arrest the vomiting and purging, and also render her insensible to the cramps. I had given it before, with camphor dissolved in it, but with no great advantage, since it was then liable to the very same objection as any other medicine introduced into the stomach, viz., it could be vomited ; such were the reasons for trying the chloroform. Accordingly, at 8 o'clock, together with Dr. MacNeil, I visited the patient again. During my absence the powers of life had diminished materially. Whilst the Doctor held her wrist I administered the chloroform. The patient was kept under its influence for at least ten minutes ; during that time she neither vomited nor purged, nor did she cry out with the cramps; on taking away the handkerchief, however, she soon awakened, and in about five minutes vomited and purged again, and also complained of the cramps. Although there was no permanent advantage gained, still, while she was under the effects of the chloroform she was, to say the least, no worse. The chloroform was again given her, and she was kept partially under its influence, between sleeping and waking, for some length of time. In about ten minutes from the second time it was administered, the pulse could be

perceptibly felt at the wrist, and pretty soon the leaden hue of the face disappeared, and gave place to a faint blush on her cheeks; during that time she neither vomited or purged, and did not appear to suffer at all with cramps. The chloroform acted as a diffusible stimulant, and by establishing a capillary circulation throughout the extremities, appeared to remove for a time the cause of the cramps. Being much pleased with its exhibition, and fortunately having a very reliable nurse in the ward, I determined, if possible, to keep the patient under its influence all night, and thus use it as a narcotic, with the express caution, however, not to interfere too much with the respiration of pure air. From time to time she was allowed to waken, draughts of ice water were given her, and then she was immediately put under the influence of the chloroform to prevent vomiting. This artifice succeeded so well, that before morning she drank a large quantity, and it being retained, of course must have been absorbed. On the morning of the 7th, called to see the patient; she no longer complained of the cramps, the discharges from the bowels had almost entirely ceased, and the vomiting had stopped, although her stomach was irritable, and she complained of a distress and pain over that region. The chloroform was ordered to be discontinued, and a blister to be applied to the epigastric region, and a calomel and morphine powder given every hour, to aid, if possible, in relieving the engorgement of the liver (the powders, however, were soon discontinued and the patient was not salivated). From the time the vomiting ceased, the stools were less frequent, the wonted color returned to her face, and except the pain over the region of the stomach, she was quite comfortable. In the evening, the blister not having drawn, she was cupped over the part; this seemed to give considerable ease. She soon began to take stimulating nourishment, and gradually recovered.

Case 2.—Emma Heard, nurse, 28 years old, had had diarrhœa for three days; syphilitic patient; had been salivated three times in the course of her life; was attacked with Cholera on the 10th of August. I gave her Majendie's solution, 20 drops every two hours; laudanum and tannin injections after every stool, but no calomel; blankets, warm bricks and sinapisms. This treatment, however, seemed to have no good effects, and

the patient soon passed into the stage of collapse. The chloroform was now resorted to, and a blister over the epigastrium, together with ice water. Its action was precisely similar to that in the first case; the vomiting and purging were arrested, the patient was kept asleep and free from cramps; she was thus carried through the critical stage of the disease, but in consequence of the severe gastritis which set in, it was some time before she finally recovered. But two other cases where marked collapse set in, occurred during the remainder of the epidemic; they were both put under the chloroform treatment; one died and the other recovered. The third case, however, was complicated with enteritis and dysentery.

As a remedy in the collapse of Cholera, chloroform appears to possess the following virtues:

It is the most perfect of all placeboes, when the patient is kept gently under its influence; diminishes the necessity of giving so much opium as may otherwise be given; renders the patient insensible to cramps; checks the vomiting and purging so long as its influence is kept up, and being a preparation from alcohol, has the same diffusible, stimulating effects, with the additional advantage, that it can be given by the lungs. It seems, however, to be more beneficial in those cases in which the patient passes into a state of collapse in a short space of time, before much inflammatory action has been set up in the alimentary canal, rather than in those where they have done so more slowly, and where there is ulceration of the throat and intestines. The tediousness and length of time consumed in administering this remedy, though a serious objection, if the physician be obliged to administer it himself, may nevertheless be met by giving instructions as to the proper method of using it to some reliable person. Further experience must decide the question, as to the extent this remedy is valuable in the treatment of the collapse of Cholera. It is certain, however, that chloroform when used in this manner will control vomiting and purging; since it controls all voluntary muscular contraction; renders the patient insensible to the cramps, and will enable the physician to administer as much medicine, and give as much nourishment, as he may think the case demands.

ART. XI.—*History of the "Cholera" Epidemic, as it appeared in the City of Newark, N. J., from June to Oct.* 1849. By J. HENRY CLARK, M. D., of Newark, N. J.

As this article will be read by many who are unacquainted with Newark, some remarks in relation to its situation, &c., are required for the better appreciation of the narration that follows.

Newark is a city of about 35,000 inhabitants. It lies spread over the eastern face of a range of hills, and on a plain which extends down to the marshy border of the Passaic River and Newark Bay. The extensive salt marsh which skirts the shores of the Passaic and Hackensack Rivers, Newark Bay, and the "Kills," contains thousands of acres accessible only in mid-summer, and in mid-winter. These salt meadows are often covered with water, and present the appearance of an extensive lake—haystacks, like little islands, every where dotting its surface. The higher parts of the city command fine views, and, in common with most of the settled portions, enjoy at all times a good atmosphere. Newark is abundantly supplied with pure water, which serves all the purposes for which the Croton water is employed in the city of New-York.

At the risk of extending too much the introductory portion of my article, I would take this opportunity to correct the impression of some of the profession in New-York, who unhesitatingly consign our beautiful city over to musquetoes and fever and ague.

That part of Essex county which forms the basin of the Passaic, and extends from the heights of Morris to the plains of Somerset, has always been subject, more or less, to intermittent disease. Of late years, however, this tendency has greatly decreased, and comparatively few cases occur, except those of a mild character, and in certain unhealthy localities. The same thing may be said of the upper part of Manhattan Island; and the whole western third of Long Island, except that which is washed by the surges of the Ocean, has always been subject to intermittent disease during every spring and autumn. Newark extends very rapidly, and is encroaching upon the low grounds on the east side; while pools are being filled, and drainage is so carefully attended to, that those places which hitherto have been a cause of reproach, are now healthful and pleasant. It is hoped that the time is not far distant, when we shall know but little of intermittent disease.

Patients are frequently sent to a place where intermittents prevail,

for the relief of pulmonary diseases; indeed, it is now universally conceded by the profession, that the atmosphere which produces intermittents is prophylactic of other diseases. Whether from this or some other causes, the climate of Newark is decidedly favorable in some forms of diseases of the respiratory organs—various diseased conditions are frequently relieved by a removal to our atmosphere, and that, too, even from the hilly districts of Morris county. With the single exception of the prevalence of intermittent disease in our suburbs, (and even that, it will appear, has its advantages,) no city in the Union is more pleasantly situated with regard to healthfulness, cheerfulness and beauty.

A substratum of sand underlays the valley portion of our city, which greedily absorbs the moisture lying upon the surface, so that our streets, though proverbially muddy at some seasons, dry quickly, and give us good roads most of the year.

I beg, before leaving this part of my subject, to call attention to the following tables showing the proportionate mortality of Newark, which, I trust, will *entirely relieve it from the charge of insalubrity.* Newark is but a suburb of New-York, and the great city must soon overrun this way. It is now almost as easy to reach Newark from the lower parts of Broadway, as to reach Union Square; and at night, after the omnibuses are running full, much easier. When, by reduced fares, it will be cheap, as well as easy, those seeking residences out of New-York, will surely prefer our vicinity to the route of the "Hudson River Railroad," as recently proposed in the New-York papers. The following is a table of the proportion of mortality in cities of about our population, mostly in the same latitude, and many of them, like ours, devoted in a considerable degree to manufacturing pursuits.

In Philadelphia, one year, the proportion of interments to the population, was 1 to 45; Boston, 1 to 41; New-York, 1 to 38; Charleston, S. C., 1 to 40; Baltimore, 1 to 45; Jersey City, 1 to 46½; New Haven, Conn., 1 to 47¾; Providence, R. I., 1 to 36; Charlestown, Mass., 1 to 57; Cambridge, Mass., 1 to 47½.

Looking across to Europe, we find the proportion in London, 1 to 40; Glasgow, 1 to 44; Manchester, 1 to 44; Geneva, (Switzerland), 1 to 43; St. Petersburg, (Russia), 1 to 37; Berlin, (Prussia), 1 to 34; Brussels, 1 to 26; Paris, 1 to 32; Lyons, 1 to 32; Madrid, 1 to 29; Nice, 1 to 31; Leghorn, 1 to 35; Naples, 1 to 28; Palermo (Sicily), 1 to 31; Rome, 1 to 25.

Now let us compare the proportion of interments in our own city

to the population: In 1841 the proportion was 1 to 47¾; in 1842, 1 to 56½; in 1843, 1 to 53; in 1844, 1 to 63; in 1845, 1 to 54¾; in 1846, 1 to 69¾; in 1847, 1 to 69½; in 1848, 1 to 54.

These cities have been referred to, only because the statistics were accessible. It will be perceived that we have *never sunk below* the most favored cities, and the proportion *has risen higher* than that of *any city* quoted.

In a city of the size of Newark, there are peculiar facilities for collecting statistical information which develope facts alike interesting to the profession elsewhere. Until every fact has been chronicled, and the laws which regulate the course of this mysterious epidemic, which, three several times, has travelled to us from its Oriental birth-place, are entirely understood, all that relates to the subject will prove of interest and profit. Newark has suffered less than many other cities, and less in proportion to her population, than some of the smaller towns in New Jersey. Other diseases seemed to stand back and give up to the august visitor all the work of death. From the 1st of June to the 1st of October, our city was remarkably healthy, except with regard to the class of diseases evidently produced by the mysterious agency. The same remark I find was made with regard to the epidemic of 1832.* There died by Cholera between the 1st of June and the 1st of October, 1849, as nearly as can be ascertained, *one hundred and forty-eight.* By diseases of the bowels, not called Cholera, one hundred and one. Between the same dates, in the previous year, there are reported sixty-nine cases of deaths by diseases of the bowels.

In 1832, with a population of 11,000, there were reported from July 7th to Sept. 1st, *fifty-six* deaths. The record of September I have been unable to find, but understand that very few cases, if any, occurred after the 1st Sept. Adding seven deaths for Sept., (the same number that occurred the present year after the 1st of Sept.,) we have *sixty-three deaths.* Our population now being about 35,000, the mortality, it will be perceived, was a little greater in 1832. It is said by those who observed the disease in 1832, and also during the recent epidemic, that in 1849 it more readily yielded to treatment, if seen early, and fewer cases of diarrhœa ran on to a fatal termination in Cholera. The disease was better understood, premonitory symptoms better observed, and there prevailed far less panic.

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* In 1834, 17 deaths occurred at Bergen Hill, five miles distant, but the disease did not reach Newark, although so fatal in New-York.

Early in the season it appeared at the Quarantine on Staten Island, being apparently imported in the packet ship New-York. It prevailed for a time within the limited space occupied for sanatory purposes, hardly extending itself beyond the "cordon sanitaire." Again, the disease appeared in the same locality, and the hospitals received new recruits by every emigrant vessel that arrived unduly loaded with human freight. Soon (as in 1832) the shores of the Mississippi and its tributaries became the theatre of the deadly operations of the invisible destroyer. Like the torrent of lava that moves but a few rods every day, while nothing short of Divine power can stay its progress, or turn its course, as it approaches the beautiful city or the highly cultivated vineyard, so, slowly, but surely, approached the plague, till at length we heard of its appearance in the city of New York. The presence of the dreadful visitor was then at length reluctantly acknowledged, and the Board of Health was appointed. Still we were for a time spared. Indeed, we never saw much of the Cholera in Newark till it had nearly ceased in New York. In the month of June there occurred but five deaths from Cholera, and seven from other diseases of the bowels. The whole number of deaths reported this month was 37; last year there were reported in June, 39 deaths—3 of diseases of the bowels.

In July, the general health continued good, and the weather was delightful; still there occurred 55 deaths from Cholera, and 26 from other diseases of the bowels. In the corresponding month of 1848, there were 19 deaths from diseases of the bowels.

August opened favorably. During the first two weeks the cases were few and scattered, and we believed that we were thus lightly to escape. The disease was rapidly decreasing in New York. Public confidence was becoming restored, and business in every department revived; more especially in the hitherto deserted vegetable markets. But we were doomed to a dreadful disappointment. There was to come a fiercer onset, reaching even to the better classes and the best positions. From the 12th, cases rapidly multiplied, until the 24th, when the epidemic seemed to reach its culminating point. From the 15th to the 24th, there occurred about ten deaths a day, and all forms of medical treatment seemed to lose their usual efficacy. Diarrhœa became collapse before the patient thought himself in danger, and the physicians seldom saw patients till the fatal period had arrived. After the 24th the disease became again more manageable, and very few died who were seen in season. In August, there were 82 deaths from Cholera, and 44 from other bowel complaints. In

August of the previous year, 23 fell victims to the latter class of diseases, and many of those among the imprudent.

In September there occurred but 6 deaths from Cholera, and 19 from other diseases of the bowels. The year before, 17 deaths from the latter class of diseases are recorded.

In October, 2 deaths occurred by Cholera, and 5 from other kindred diseases, while in the preceding year 7 fell victims to diseases of the bowels. The commencement and progress of the disease was marked by the same phenomena which attended it in other places.

Its malignity was less than our size, our proximity to New York, and our recently arrived foreign population, would lead us to anticipate. Except during a single week, most cases, seen in season—unless there were present some of the powerfully exciting causes—yielded to proper treatment. Indeed, I believe, that, in the experience of our oldest practitioners, *no violent disease more readily yields to treatment, if medical aid is called early, and the requirements of the physician are strictly complied with.*

Although the remote causes of the disease are enveloped in impenetrable mystery, among the facts that we do *know*, are these: that its favorite place of development is where *filth* abounds; where *many are crowded into too small a space; and where noxious exhalations arise.* In 1832, many cases occurred in the *very same localities* that were visited this year. There was, however, a group of cases that year in Walnut-street, where, I believe, no case occurred during the past season. That part of the city has changed in character, and it is not evident what were the exciting causes, if any existed at that time. During the present year there occurred about ten cases of Cholera in *Commerce-street*, between the corner of Mulberry-street and the Market; and I am told that cases of diarrhœa occurred in almost every house between these points. The causes here are less evident than in some other places. In two other points in the East Ward, *Gallagher's court* and *Durand-street*, both remarkable for their crowded and filthy condition, the cases were numerous and fatal. *Maiden-lane* and *Washington-street*, and the vicinity of the filthy dead stream that flows through that part of the city, and the low grounds in the rear of the "nine row," in *Summit-street*, were the most fatal localities in the West Ward. In the North Ward, *Quarry-street*, and some parts of *Plane-street*, where streams flow on the surface, most of the fatal cases occurred. In this Ward, surely, the disease seemed to incline to filthy and badly ventilated houses. In the South Ward, groups of cases occurred in the vicinity of the

Chesnut-street depôt. Whether influenced by the low grounds in the vicinity, and consequent malarious atmosphere that prevails, I would not express an opinion.

It is very certain, that cleanliness is one of the most important means of preventing disease. I would impute blame nowhere; but it is wise to learn from experience. It has been well said, that man, with regard to the past, present, and future, is like a person reading one of those curious signs that spell in one way as you approach, another as you arrive opposite, and still another reading appears after you have nearly passed by. In looking at this subject in retrospect, I believe that it will appear evident to our most excellent city authorities, that had a *few hundred dollars been judiciously expended in due season, human life might have been saved.* It is incontestably *proved*, that *filth, dampness, the effluvia from vegetable decomposition*, and that arising from *collections of human beings* in a *confined space* —all give malignity to the disease, and—as the pointed rod draws electricity from the surcharged clouds—*attracts* the deadly poison.*

A large majority of the whole number of cases occurred in the localities alluded to, and in others of like character, and it has often been remarked that, with very few exceptions, those towns in which sanitary regulations were most promptly enforced, escaped with fewer deaths.

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* While I am writing, I perceive that, by the latest accounts, about 20,000 persons fell victims in twelve days at Siam, the inhabitants of which are remarkable for their filthy and crowded condition. It is said that 2000 to 3000 died daily. It is also said, that within a radius of 25 miles, 30,000 had died within two or three weeks.

When I visited the Island of Sicily in 1840, I heard, without surprise, that 16,000 died of Cholera in 1832 at Catania, (more than were destroyed by the earthquake in 1666,) and 40,000 victims fell in Palermo. These cities are filthy in the extreme, and the personal habits of the people are so uncleanly, and the houses so crowded,—none, even the Prince, occupying a separate house—in the words of the English consul, who lived it through, and furnished me with many graphic details, "I only wonder that the mortality was not far greater." In visiting the cities of Europe, I learned that the Cholera had prevailed with a fatality about in proportion to the filth of its inhabitants, and its situation with regard to ventilation and sewerage.

If said that more filthy places escaped the invasion, or those more damp, it only proves that the disease seems to have no fixed laws. When the Cholera prevailed in London, Hounsditch and Petticoat Lane, in the Jews' quarter, remarkable for confined air, filth and wretchedness, quite escaped. Nor does it prove any thing, that a few, peculiarly susceptible, perhaps, of good habits, in favorable localities, fall victims to the disease.

TREATMENT.

The treatment employed was mainly the same that has been found most successful, and has been approved by eminent practitioners and able writers, who have seen most of the disease in India, and in the course of its progress to the Atlantic seaboard. Those who saw most of the disease in 1832, and whose treatment was followed with the greatest success, adopted the same general course. As is usual, the profession were blamed by some for not abandoning, even with our comparatively little experience, valuable precedents, and adopting some of the thousand nostrums, or *systems*, so called, plans newly devised, founded upon very limited observation. They charged the profession with not having learned any thing of the treatment of the disease, because it destroyed life; forgetting that if it did not kill, it would cease to be a plague.

Looking back over sixty of the most eminent authorities in Asia, Europe, and America, of the remedies most generally relied upon, calomel, opium, and camphor stand at the head of the list, in about the order in which they are here placed. Upon the judicious adaptation of these remedies the profession mainly depended. I believe that the experience of the past summer has sustained the general plan of treatment which has been sanctioned by past experience, and high authority.

Reports have been industriously circulated to the discredit of the practice of the regular profession, and statistics of success have been published, moreover, by those who would illustrate the value of some new found modes of treatment. It would be easy to show how these ex parte reports were made up, and upon what insufficient grounds the name of *Cholera* was given to some comparatively unimportant symptoms. Now, all these figures are entirely worthless, *for the want of a definition.* Adopting as the definition of Cholera, *diarrhœa without pain (with or without vomiting), a choleric expression, sinking pulse, the flesh having a peculiar inelastic doughy feel, and the extremities being at a lower than natural temperature,* there came under the treatment of physicians who adopted the general course referred to, as can be learned by careful inquiry, about *two hundred and forty cases* which were seen before the period of collapse. No case can be more hopeless than a perfectly collapsed patient, although occasionally one recovers as if by a miracle. (One physician reports 9 cases recovered from partial collapse.) Of the 240, 32 *died—or about* 12 *per cent.* As near as can be ascertained, more than three

thousand cases of diarrhœa came under treatment during the prevalence of the epidemic, many of which must have terminated in Cholera, which were relieved.

A friend of mine in New-York, who saw much of the disease in 1832, has a record of 1000 cases of diarrhœa treated successfully during last summer, and *forty cases* of Cholera, adopting the above definition, with a loss of *three*. He pursued mainly the course of treatment generally adopted. I could quote from the experience of some who have been in positions to see very much of the disease during the past summer, with results equally favorable. Make very liberal deductions from the above reports, and in the present state of medical science, we can scarcely hope for any result more favorable. When seen before collapse, unless some fatal indiscretion had complicated the disease, or the habits of the patient rendered him peculiarly obnoxious to attack, we expected a favorable result.

The honest inquirer after truth is less embarrassed, after all, by those theories that call for an entire abandonment of all precedent and authority, than by professional quackeries. Physicians who, to obtain notoriety by printed books, or in other ways, declare against some of the remedies most confidently relied upon by the profession, embarrass those who look towards the fountains of medical science, just in proportion to the distinguished reputation of the authors. Thus, in magazines or pamphlets, one declares that opium will kill; another, that it is indispensable in the treatment of the disease; and thus from some respectable quarter, every prominent remedy is in turn denounced, and some pet among them elevated to the most important place. This inevitably leads to vacillating treatment, and a want of confidence in all remedies. During last summer a physician of New-York, in a pamphlet, published in the very height of the epidemic, tells the public, that he treated seventy cases in July, and lost not one, though called to some of his patients in the stage of collapse. He says, "I always lost those to whom I was called in consultation." He declares against calomel, but advises opium in heroic doses. In other respects, his treatment does not differ from most others of his brethren. The Cholera specifics—so called—and the prescriptions of the publishing doctors, were mainly those belonging to the plan of treatment generally approved: of many of them it could be said, the good was suggested by another, and the original was good for nothing.

Coincidence of opinion among the members of the profession is of the greatest importance; for the particular *form of treatment*, after

all, seems to be scarcely more important, than that the public should confidently rely upon their medical advisers. In times of epidemic, *reliance* upon the efficiency of medical direction leads to a desirable quietude of mind, while a lack of confidence is surely succeeded by a panic. It is true, on this subject as in the administration of laws, that bad laws, well administered, are better than good laws badly administered.

CAUSES.

In relation to the proximate causes of the disease, some discrepancy of opinion will be found to exist. With regard to the exciting causes before alluded to, in 1832, Mr. Wm. Tuttle, in his report as Secretary of the "Newark Board of Health," July 16th, thus says: "The nine cases, with two exceptions, have occurred in one locality, and that the most filthy the town affords."

I find in the files of the Newark Daily Advertiser, a report by Dr. Samuel H. Pennington, as Secretary of the "Essex County District Medical Society," dated July 31, 1832, in which is the following record: "The cases of Cholera attacking persons of regular and *temperate habits*, have been *few* and the *least fatal*. In *almost every instance*, minute investigation has shown some error in diet, or some indulgence of appetite, which invited the destroyer." Surely this has been the experience of the past year. The intemperate, the imprudent, the aged, and those disposed to chronic diarrhœa, or who were otherwise enfeebled, have mainly furnished the victims. An intelligent writer in Cincinnati, in view of the epidemic says: "I have remained with my family during the whole season, and have felt little alarm, even when death has occurred almost without premonition, so much confidence do I place in prudence and regularity in all our habits." No case has occurred, as far as I can learn, unpreceded by diarrhœa, and a very few cases where the premonitory symptoms have not given timely notice of attack.

The predisposing cause of the disease appeared to be found in that peculiar inappreciable state of the atmosphere which produced in all lassitude, pain and disquietude in the bowels, and a disposition to diarrhœa. Among the exciting causes, may be named, the accumulation of filth, the crowding of apartments unduly with human beings, intemperance, the eating of unripe and uncooked vegetables, or eating too freely of those which were ripe and properly cooked, of shellfish, and mushrooms, excessive fatigue, or assiduous attendance upon the subjects of the disease, while in a condition of peculiar suscep-

tibility; and some cases of fatal attack seemed to be caused by great fear of the disease before its invasion. If, after an attack of illness, the patient seemed to suffer from extreme apprehension, the presumption was, that the disease was not Cholera. Many who feared it most before the attack, displayed all the insensibility to danger, that characterizes the disease after it is developed.

The universal feeling of insecurity and danger, led to the habit of perpetually dosing for every pain, or inconvenience, and the *over-dosing*, advised and unadvised, which was generally practised, undoubtedly produced susceptibilities, and I believe often produced the very attack that they were intended to prevent. Most of those mixtures contained opium, which caused constipation and general derangement.

Many have eaten unripe and ripe vegetables the whole season with impunity, and insist upon the propriety of such diet. We have had abundant facts to show that a wise man could not pursue such a course. Those who will eat at the hazard of their lives point triumphantly to some case of death, where the subject has been singularly prudent. While a prudent diet did not save all, an imprudent diet did not always kill; but this neither proves the wisdom of imprudence, nor the absurdity of great care in seasons of epidemic disease. The eating of green corn, of shell-fish, and mushrooms, were each followed by death too speedily to doubt the effects of the cause.*

The driver who should run the wheels of his carriage within a few inches of a fearful precipice without parapet or defence, when he could as well place a mile between him and the point of danger, would be no more blameworthy than he, who, in times of epidemic, spreads before his family that food which *may* and does provoke the dreaded attack. Great care with regard to diet does not imply sudden and violent changes in dietetic habits, which would be an evil; nor an abstinence from animal food, which would be unwise. The system should be well nourished with good food, and, as far as possible, the general standard of health carefully maintained.

The disease *prevailed one hundred days* in Newark, and there died of Cholera, 87 *males* and 63 *females*. The proportionate *ages*

* During the Cholera of 1832, the keeper of the Poor-house in Poughkeepsie being absent, the inmates found their way to the garden, and broke through the wholesome restraints hitherto enforced, and ate freely of vegetables. The result was, that in one week, 85 cases of Cholera, and 50 deaths occurred.

were something like the following (the reports were not given in carefully enough to make an accurate statement). Under ten years, 28; between ten and twenty, 34; between twenty and forty, 49; between forty and fifty, 18; over fifty, 51. Very few colored persons died during the present season: the proportion of deaths among the native and foreign population were about equal.

In 1832, a large proportion of the deaths were from the native population. A considerable number of the victims were among the colored population in 1832. The reports were more inaccurate than the past year. It would appear, however, that in 1832 about one-third of the reported deaths were over fifty, and about one-quarter under six years of age.

The impression which early became current, confirmed by the testimony of some physicians, that *brandy* was a *prophylactic* of *Cholera*, was productive of evil; it tended to increase the number of victims of *Cholera at the time*, and the victims to *intemperance afterwards*. Those who entirely abstained from intoxicating drinks, on the whole, suffered far less than those who drank. Of the "Sons of Temperance" and the "Rechabites," the only temperance organizations which then existed, *none died;* and the Methodist denomination, which requires total abstinence as a condition of membership, lost but two out of 1500 members who are attached to their communion.

CONTAGION.

With regard to the mooted question, *is the disease contagious?* we have gained, I think, some valuable experience during the past summer. It has hitherto been believed by many, that the impression of non-contagion was, on the whole, the safest, as it tended to prevent panic, and the sick were more likely to be cared for. We have learned, that a due appreciation of the extent to which the laws of contagion apply to this formidable epidemic, would have prevented its introduction into our Alms House, where the inmates were peculiarly susceptible, and where the disease has always spread with fatal rapidity. In 1832, when the laws of the disease were to be learned, quarantine was established between those villages which the disease had not reached, and the larger towns. When disposed to go, it was found to pass every barrier, and, apparently, "borne upon the wings of the wind," it traversed oceans, crossed mountain and plain, with unerring certainty. Again, where not disposed to travel, it could not be carried. The Norwalk (Ct.) Gazette of Sept. 1832, says,

"Fifteen thousand persons have crossed through this place, in their flight from Cholera, and our hotels and boarding-houses have been filled to overflowing: *still no case has occurred.*" On the other hand, it is difficult to account for phenomena such as was exhibited in a group of cases that occurred at Rahway. The first two were caused, it would seem, by imprudence in eating; several others, who appeared well, seemed to be subjects of attack merely on account of their vicinity to the fatal cases. Some of the victims had been watching the sick, and their panic, and probable susceptibility, may possibly account for their attack. The history of the introduction of the disease at the quarantine, on Staten Island, by the ship New-York;* the fact that it spread from the *sick only;* that *none* who cleaned the vessel or washed the clothes were taken; that a Cholera patient being placed in a ward with a patient ill of quite another disease, during the night, without the knowledge of the previous occupant, who was found sinking into collapse in the morning; corroborate the evidence furnished by our experience in Newark, that *an atmosphere is generated in the apartment of the sick of Cholera, which will be communicated to those who are in any way rendered susceptible of attack.*

The facts, as developed after the experience of 1832 and 1849, are partially brought to view in the able report of the Committee appointed by the "Essex District Medical Society," in 1832, consisting of Doctors J. B. Jackson, I. M. Ward, and Whitfield Nichols: "Few, if any, will ascribe contagion, in the ordinary sense, to spasmodic Cholera; while some contend for what is called contingent contagion—i. e., a contagious principle, which is averted only in circumstances favorable to its development; such as filth, ill ventilated places, and in persons by *certain causes* rendered susceptible to its influence. This view of the subject, it appears to your Committee, must be considered an assumption of the question at issue, until it can be shown that those circumstances, which are acknowledged to be indispensable to its propagation by contagion, operate not as strongly on the presumption of its being purely an epidemic disease, dependent on a peculiar condition of the atmosphere, and attacking more particularly those in whom, from whatever cause, a predisposition has been contracted." It is now evident, that "those circumstances" usually considered indispensable to the spread of disease by contagion, are evident in Cholera. Where the predisposition exists,

* Vide Dr. Sterling's Report on Cholera, at Staten Island.

whether by the causes named, or others, or is produced by want of rest, and anxiety, the atmosphere of the sick contains the *germ* which propagates the disease. No physician has failed to observe the peculiar odor which pervades the atmosphere of the sick chamber, which is as pathognomonic of the disease as the pulse or expression of the countenance. I could quote several cases where whole families *became susceptible*, and exhibited symptoms of the disease after two or three days continuance of a case or cases under the same roof. Indeed, the rule has rather been, that more than one victim was taken from the same house, and the exception otherwise.

Let us look at our experience in relation to the Alms House. July 15th, 1832, Mrs. McLaughlin, being attacked with Cholera, was removed to the Alms House, in which no symptoms of the disease had appeared. July 16th she died; also, her husband, who the same day had been removed, apparently well, from the *infected* house. On the 19th, the disease attacked the inmates with its usual virulence, and deaths followed for some weeks. Overlooking or forgetting that sad experience, or probably for the want of a "Board of Health," whose duty it would have been to *remember* a fact of such importance, on the 16th of July, 1849, a man was found upon the road between Newark and New-York, while in an advanced stage of Cholera, and taken to the Alms House. The result was, of course, the same as if a match had been thrown into a powder mill, or a flaming firebrand placed among a heap of combustibles. The infection took, and *thirty-eight* deaths followed, including the worthy Superintendent. Surely, those who maintain that typhus fever is contagious, must also put Cholera in the same category. If the Cholera should again visit us, we shall have learned that it *is unsafe, in a high degree, to introduce a Cholera patient among those who are predisposed by habits and position, to an attack of the disease;* and that nurses for the sick should not be selected from the number of those who, for any reason, *are susceptible;* nor should they continue in such employment *a moment after such susceptibility is manifest.* It is believed, by some, that, for years, we shall be called to treat cases of this disease. Every fact, therefore, which can be established, to regulate our treatment, or enlighten our views, will prove important and interesting to the public and the profession.

PART SECOND.

CRITICAL ANALYSIS.

The Transactions of the American Medical Association. Instituted 1847. Vol. 2, 1849. Philadelphia. Printed for the Association by T. K. and P. G. Collins. 1849. 8vo. pp. 956.

The second volume of the Transactions of the American Medical Association having, after considerable (we are sorry to say) unnecessary delay, been published, we have thought best, even at the expense of delay in our other arrangements, to give in this number a leading review of its principal contents. This we have been led to do, believing that many of our numerous readers will not be able, from its great size and limited circulation, to peruse it in extenso. In the winter of 1845, when the initiatory steps were taken in the halls of our own State Legislature which led to the formation of this Association, we felt the inward assurance of the near approach of better times for the profession in this country; the assurance that results would flow from the organization, of vital interest to the science of medicine. This assurance, we rejoice to say, has been realized. We have seen gathered together in deliberate council, on the occasion of its annual meetings, the wise men of the profession from every section of the country. We have seen our successful efforts hailed with joy by the great of other countries, and the recognition of fellowship extended to the delegates of our Association by them. While, therefore, much has been accomplished, there yet remains (at least so it seems to us) much to be done. In the volume before us we see many valuable suggestions which, if adopted, we feel confident will help materially in the more successful development of the resources of the American medical profession. While in this review we may freely discuss these or any other suggestions, we feel

it a duty to state, that we desire to be actuated wholly and entirely by the best interests of the profession at large, and sincerely hope that we shall be understood throughout as discussing principles, not men.

From a "Notice" inserted in the volume by the publishing committee, we learn that a part of the delay in its early publication, which we have styled unnecessary, arose from the fact that after all the necessary arrangements for the immediate printing and publication of the volume had been made, and the work fairly commenced, its further progress was arrested "in consequence of nearly all of the committees having retained their reports for revision or completion, and it was not until after considerable delay that these reports could be obtained, although repeated applications were made for them." And as if this was not alone sufficient, "another cause of great delay was the demand made by the authors of several of the reports, that the proofs should be sent to them for correction, thus rendering it necessary to forward proofs to nearly the extremities of the Union; and, in some instances, even duplicates—the originals having failed to reach their destination." To remedy this great and unnecessary delay, the committee very properly suggest "that the several committees should bring their reports to the meetings complete and legibly transcribed, so that their authors may feel satisfied that the printers will decipher them correctly; and also that the reports should be handed to the Secretaries immediately after being read." The reasonableness of these requests of the committee we hope will appeal sufficiently to the understandings of those to whom they are made, and lead to a full compliance with them at the next annual meeting. And if this should not be the case, we hope the committee will be prepared to ask that a provision for the same be made in the by-laws of the Association. No one thing has caused us more trouble as journalists, than the delays caused by indistinctness of MSS., and the timely return of proofs.

The volume of Transactions opens with the minutes of the Second Annual Meeting of the Association held in Boston. A synopsis of it having appeared in our last July number, we shall pass directly to a notice of the Reports of the several Committees.

Report of the Committee on Medical Sciences.—This, although not the first report presented and read to the Association, is the first in the volume, and occupies a little over eighty pages. By reference to the minutes, we find that it appears to have been referred to the Commit-

tee on Publication without reading. This circumstance may be accounted for by the fact that its author was not present at the meeting; or perhaps its length may have prevented. The principle involved in such a disposal of reports is open to objection, and to say the least is questionable in more than one point of view. If reports are properly prepared, and are confined exclusively to the subjects which are pointed out by the "regulations" under which the committee act, we believe it the duty of the Association to hear them read before they are referred. In the report before us, the committee have not followed out the letter of the regulations under which they act. Like their predecessors, they have not confined their notice or retrospect "to the progress of the Medical Sciences in America during the year of their service," but have waded through the periodical literature of Foreign, almost at the expense of that of our own country. Of the actual necessity of such a course we have not a clear view. In Braithwaite's Retrospect and Rankin's Abstract, which have an extensive circulation among our physicians, we have a very perfect synopsis of the improvements in the Medical Sciences abroad—not so, however, of our own country. They are remarkably deficient in the subject of American literature, and if we mistake not, we find in this circumstance a forcible and positive reason for following out to the letter the instructions contained in the section under which reports are prepared. This report presents a fair synopsis of the principal improvements noticed in Foreign and American journals, and to those who have not read the half yearly journals noticed above, it will prove interesting and repay a careful perusal.

Report of the Committee on Practical Medicine.—After the presentation and reading of the report of the Committee on Publication, and also that of the Treasurer, this report was called for and the reading of it commenced. Before its completion, however, its further reading was suspended, and it was referred to the Committee on Publication. Having spoken of the objections which such a course brings to our mind, we pass on to consider its contents. It occupies, together with its appendixes, about eighty pages. The greater portion of it is consumed in considering the rise and progress of the leading epidemics during the preceding year. It presents a very good and satisfactory account of the epidemic diseases during the year of the service of the committee, among which we see mentioned Typhus Fever, Scarlatina, Rubeola, Dysentery, Erysipelas, Cerebro Spinal Meningitis, Yellow Fever, and Epidemic Cholera. Appended to it

are four appendixes: On the Prevalent Diseases of Swedesboro', N. J.; On Dysentery, as it prevailed in Cambridge, Mass., in the years 1847–8; On Bilious Fever, as it prevailed in the eastern portion of New Jersey; and on Erysipelas, as it prevailed in the eastern portion of New Jersey. Most of the leading facts embraced in the body of the report having already appeared in this journal, we do not deem it advisable to pass them in review. Not so, however, with the appendixes. The facts therein presented have not been before our readers. We shall therefore give each a hasty sketch. Dr. Garrison, in the report which stands first in the enumeration above, says that in the spring of 1848, and the latter part of the winter of 1847, Scarlatina ravaged terribly a portion of the district. The disease was remarkably fatal, and of about 130 cases, 13 died. Of the cases which proved fatal, some few died with severe anginose symptoms, the swelling of the throat being so great as to interrupt respiration and deglutition. Others died from the sequelæ hydocephalus, &c. The greater portion, however, died soon after the invasion of the disease, with a train of symptoms which seemed to indicate a high degree of malignancy. These cases generally sickened with vomiting and purging; soon after which the head showed signs of being very much affected. The eyes were wild in their expression, and there was a tendency to delirium. There was an anxious expression of the countenance, and the pulse was very quick and frequent, 120 to 140 in the minute. The skin was intensely hot; the eruption fully out, and of a very dark livid color. The patient constantly chilly. The fauces but little swollen, having a pulpy appearance, with little or no signs of ulceration; but the whole throat looking almost as if covered with a quantity of dark-colored jelly. The cavity of the mouth and the tongue were also of a dark red color. There was scarcely any swelling of the glands at the angle of the jaw, but in some cases there was constant muscular twitchings of the limbs. The fatal course of these cases was very rapid. In some death occurred in forty-eight hours, the active symptoms being followed by coma, which was very soon succeeded by death. The peculiarity of these cases seemed to be the early occurrence of head symptoms, accompanied by the peculiar appearance of the fauces, and the absence of swelling of the glands at the angle of the jaw. Of the thirteen fatal cases, six had this character decidedly. The treatment instituted was purging in the early stages, which had very often the effect of promptly checking the vomiting and purging. In the anginose cases this treatment, together with capsicum gargles, says Dr. G.,

succeeded well, but in the malignant cases it was useless, nor was any other found of service. The prevalence of dysentery and influenza is noticed, but no new feature was presented in them.

The second appendix by Dr. Wyman, states that epidemic dysentery appeared at Cambridge about the middle of July, 1847, and proved most severe at the onset. The symptoms of its invasion we learn did not differ materially from other epidemics of the same disease. The treatment, says Dr. W., which in the main was found most successful, was as follows: A dose of castor oil was first administered, unless diarrhœa had preceded. After two or three evacuations were procured by these means, a full dose of opium was given sufficient to quiet the pain and tenesmus, and repeated each hour if the stools were too frequent, and if they were not, after each stool. Enemata of an ounce or two of starch and laudanum were considered more immediately beneficial when they could be borne. The cathartic was not repeated oftener than once in three or four days. Although the narcotic treatment, says Dr. W., may not have arrested the disease, it is believed that under its influence the inflammation of the bowels was less severe, and passed through its stages in a shorter time, and certainly with far less suffering to the patient, than under any other treatment which was tried.

In the treatment of the disease described in the third appendix, Dr. Frithian observes, that in almost every case the system was unduly excited, and that from this circumstance bleeding was determined upon as the remedy best adapted to this state of things. When this is resorted to the vein should be kept open "*until the heart gives up*," and the patient complains of faintness or syncope. Let this be succeeded by a purge of neutral salts to unload the bowels by free evacuations, and the probability is that if it is a continued fever, it will be converted into a remittent, and if a remittent into an intermittent, when quinine may be given, and the disease arrested at once; or if this be not the case, the disease will run its course much more safely, or be much less likely followed by serious consequences.

In the fourth appendix, the only point of particular importance is Dr. Frithian's views in relation to "Erysipelas of the respiratory mucous membrane." He relates several cases to confirm the correctness of his pathological deductions. The diagnostic symptoms are not easily observed, by which the two affections of ordinary pleurisy and erysipelas may be distinguished when they attack the chest. He says, I have thought the pain was less acute, although not less severe, in the latter than the former disease, the former being a

sharp cutting sensation, the latter what may be called a "big pain," deep, large, and heavy. The cough is less urgent in the latter, and the expectoration less. Dr. F. believes that this disease does affect every organ in the body, internal as well as external.

Report of the Committee on Surgery.—This report is confined entirely to the improvements of surgery in this county. In it we see no manifestation of that spirit of *omnium gatherum* which characterizes some of the reports. It occupies a little over twenty pages of the Transactions. The subject of anæsthetic agents first claims the attention of the committee, especially the *comparative value* of chloroform and ether. In the present state of our information it may not, and we think will not, be deemed advisable to draw any definite conclusions to guide us in the choice of these agents; nor have we as yet recorded results sufficiently numerous, to guide us in the judicious choice of these agents. At the present time sulphuric ether and chloroform are the only agents of this class which contend for, or claim the confidence of the profession, and as there has occurred, up to the present time, not less than twenty-six striking cases of death, regarded as plainly attributable to the administration of this (chloroform) agent, it behooves us to follow the committee somewhat closely in their review of the comparative value of the two. With the committee we believe, that "it is a rational inference, that any agent sufficiently powerful to render the living system insensible to the pain of a severe surgical operation, (lithotomy, for instance,) must exert a tremendous influence upon the vital powers," as it is also "rational to suppose, that such powerful impressions will sometimes be injuriously exerted, and that that which is so powerful for good, will occasionally be equally so for evil." While passing in review the circumstances which indicate the comparative safety of these two agents, we find the committee using the following language: "Chloroform is, undoubtedly, by far the most powerful anæsthetic agent, and least annoying in the act of respiration. Facts would seem to show that, in proportion, it has been more productive of fatal results." While, therefore, this much is said of chloroform, we ought to bear in mind the fact, that the use of this agent is far more extensive and deep-rooted in the practice of the profession, than that of sulphuric ether, and that with the committee we are induced to believe, that it (ether) "is by no means the innocuous principle which some have believed it to be." Its warmest advocate in this country "admits that there has occurred one well-attested case of

the fatal effects of ether." He also admits "that from five to ten cases are on record, in which fatal results have more remotely followed its use, and in regard to which there is some reason to accuse the agent." While taking into consideration the fatal results of the use of these agents, we must not lose sight of the fact, that the successful results of operative surgery have advanced at least 15 per cent. since the introduction of these agents, and that there are probably many articles of the Materia Medica which, unhappily administered, occasionally determine fatal results with as much certainty as chloroform or ether.

Dr. Warren, in his little treatise on etherization, "advocates the use of *chloric ether* as an agent, safe in comparison with chloroform, and more available than sulphuric ether. This article, however, he is aware, is nothing more than chloroform largely diluted with alcohol." To most of our readers it will be remembered, that the unpleasant effects which have followed the use of chloroform and ether, have been attributed to the accidental presence of alcohol in them. The committee, it appears, believe that "it can only modify the effects by diluting the vapor of chloroform with that of alcohol;" and further, "that nothing so happily dilutes these agents as common air, and that it is quite evident that many of the unhappy results from chloroform, are attributable to a neglect of its due admixture with air." In reference to the reports of cases by Dr. Warren, illustrating the effects of chloric ether, the committee state, "that we believe that chloroform, undiluted with alcohol, would have been equally successful in the hands of one so judicious and well informed." After reviewing the whole matter in relation to the comparative value of the different anæsthetic agents, the committee have arrived at the following conclusion, viz.: "Of the anæsthetic agents, chloroform is decidedly the most efficient and facile of respiration; but, being most powerful, is, at the same time, most dangerous, when incautiously employed."

In the mechanical treatment of fractures, the committee notice several improvements which claim our attention. A new and remarkable material has been furnished to the profession, in the article of Gutta Percha, which possesses the property by which, when immersed in warm water, it becomes as plastic as wet paper; and on cooling, instantly recovers its firmness, which is almost equal to that of horn, retaining whatever form may have been impressed upon it when warm. This property will at once suggest itself to the surgeon, as being particularly adapted to the formation of moulded

splints, and as forming a substitute for, and obviating the objections when applied in halves to the starched bandage. Notwithstanding the peculiar adaptation of this article to the end desired, it has not yet attracted the attention of the profession. The chairman of the committee states, that he has employed it in fracture of the patella, and also that of the leg, with great satisfaction. He also speaks of its decided usefulness in the treatment of club-foot, after the division of the tendons. In the treatment of fractures of children, Prof. Pope, of St. Louis, has found that an excellent substitute for paste and dextrine is *collodion*. "A strip of lint," he says, "saturated with it makes a convenient splint, and in the treatment of fractures of children he employs it with happy results." By the committee and one of their correspondents, the apparatus of Jarvis for the reduction of fractures and dislocations has been found not to answer their expectations. They say, that "in the treatment of fractures it manifestly furnishes inadequate support;" and "in dislocation it hinders those manipulations by which the surgeon avails himself of the muscular forces, which are so powerfully concerned in effecting dislocations, and in reducing them." While treating of the subject of fractures, the chairman of the committee gives a description of a splint that he has been in the habit of using for twenty years or more. It appears that this apparatus is applicable to all fractures of the lower extremity, from hip to foot. In fractures of the neck of the femur, the hip-piece identifies it, in regard to motion, with the trunk. Prof. Geddings, of Charleston, it is stated, has tested its usefulness in this fracture, in a case in which its employment effected bony union within the capsule. A very flattering and just compliment is paid to the statistics of fractures, compiled by Prof. Hamilton, a summary of which may be found in Vol. 2, N. S. of this Journal, p. 424, and which clearly demonstrate that "we are far from having obtained perfection in this class of accidents." In remarking upon these statistics, the committee state, "that though they impair confidence in our art, as at present exercised, they will accomplish good;" and that with these and similar tables before us, our testimony will at least secure the administration of justice in suits for malpractice.

In this report there is an allusion made to the first case in which the section of the tendo-Achillis for club-foot, in an infant child, was performed in America. It was performed by the chairman, and the subject is now a young lady; the foot and ankle are perfect in form, position, and strength.

Lithotripsy also claims the attention of the committee; upon this operation we find the following remarks: "It has been generally thought, that lithotripsy is ineligible on very young subjects, on account of the narrowness of the canal, and the unmanageableness of the patient. The chairman of this committee, however, has performed lithotripsy with Jacobson's Heurteloup's instruments on infants two years of age, in no less than four instances, and on several other very young subjects. In one respect he has found the operation more certain than in adults. The bladder expels the fragments more promptly. He has been somewhat discouraged with the operation on old subjects, from the fact that fragments small enough to pass with facility have been retained for months, probably on account of the columnar condition of the bladder. He has performed lithotripsy twice on the paralyzed bladder, not a drop of urine ever being discharged except by catheter. "The removal of the stone was effected (principally) by washing away the debritus with a syringe, through a large double-barrelled catheter."

The treatment of aneurism by simply imposing weights upon the part is noticed, and the beneficial results of a case which occurred in the practice of Prof. Parker, of this city, are given. The result of the case is so interesting, that we cannot allow this opportunity to pass by without noticing it. The case was one of traumatic aneurism, resulting from the application of the ligature for the cure of spontaneous aneurism. Hemorrhage had occurred on the ninth day after the operation, and from that time traumatic aneurism began to develope itself, and bleeding was occasionally repeated, notwithstanding the use of compresses, bandages, &c. Manual compression was resorted to, and maintained faithfully by assistants for seventy-two hours, with apparent success; but pulsation returned, owing to hypertrophy of the heart. The following expedient was then resorted to: "A compress was prepared of folded adhesive plaster, the plaster side out, two and a half inches long, and of the size of the finger. This was placed longitudinally along the artery, beneath Poupart's ligament, so as not to interfere with the return of blood by the vein. Another, similar, but flat, and one and a half inches wide, was superimposed, and prevented the displacement of the first: over the whole were placed compresses of linen, and the spica bandage. A bag of shot weighing five pounds, was then placed upon the part, with the effect of subduing the pulsation completely. After five days this was replaced by another weighing two pounds, which was continued for two days." Complete success was the result of the application of this ingenious expedient.

Dr. J. M. Warren's* successful case of ligature of the subclavian artery is noticed, and while speaking of it the chairman of the committee, Dr. N. R. Smith, gives a short account of a case never yet reported, in which he performed the operation. The ligature came away on the eighth day, while he was gently sponging the wound; no hemorrhage occurred, and the case resulted happily. The artery was exceedingly tender at the point of operation; the ligature being felt to divide the inner tunics with very slight constriction. An interesting point in this case was, the extreme circumstances under which the operation was performed; the tumor being of large size, causing complete paralysis of the arm by pressure, and it had ceased to pulsate. The patient, a Miss Ramsay, of Baltimore, was in an exceedingly feeble condition, with a pulse of 140. The successful termination of so extreme a case is a truly remarkable occurrence. Towards the close of this excellent report, we find a passing notice taken of Prof. March's investigations into the morbid anatomy of "hip disease." His attention has been particularly directed to the supposed frequent occurrence of spontaneous dislocation, as one of its events. In his recent tour in Europe, he examined numerous pathological collections, with special reference to this disease. And in this country he has availed himself of every opportunity which presented itself for a thorough acquaintance with its pathological results. He has examined nearly two hundred specimens of true hip disease, or ulcerative absorption of the head of the femur, and the acetabulum, with the following results: In about one in four anchylosis had taken place; in about one in five ulcerative absorption had extended through the acetabulum. He saw as many as twenty cases of congenital dislocation, besides as many dislocations from violence; but it is a remarkable and instructive fact, say the committee, that he saw but *one* of spontaneous luxation from ulcerative absorption.

Report of the Committee on Obstetrics.—This report, owing to sickness of the chairman of the committee, was prepared by Prof. Gilman. It opens with an allusion to the advancement of positive medicine in the special diseases of the uterine organs. There is a great degree of certainty in the diagnosis and treatment of the benign diseases of the os and cervix uteri; and we doubt if at the present time so much certainty exists in any department of medical science as this. Formerly it was the prevalent custom to class all the benign lesions of the uterus under the general name of "leucorrhœa,"

* Vide this Journal, Vol. 2, N. S., p. 266.

which was equivalent to placing them among the *opprobria medicorum*. By a more modern, careful, and accurate pathological research, new and distinct species and varieties of lesions have been recognized, and appropriate treatment has been instituted, which has dispelled the chaos of a few years since, and led all successful practitioners to value the speculum and its revelations as indispensable to a proper understanding, and treatment of uterine diseases.

With the committee we can truly say, that "of the diseases peculiar to females, there are probably none which so strikingly illustrate the progress of sound pathology, and its beneficial influence on modes of practice, as the congestions and inflammations of the os and cervix uteri. It is hardly an exaggeration to date the beginnings of all true knowledge of these very common affections at a period within the last dozen years, for it is within that time that the speculum, the only true means of diagnosticating and successfully healing them has been in common use." The contributions of Drs. Baker and Massey, in this department of pathology, are referred to, after which a passing notice is given to anterior displacements, and the modes of treatment instituted for their relief. Prof. Simpson's contributions to this subject are considered. Of the use of Prof. Simpson's uterine sound, the committee speak in favorable terms; but of the safety or advantages of his pessary, "the committee pronounce no opinion. That it will sometimes do good, we have the testimony of some of the most distinguished accoucheurs in Great Britain to add to that of our own associates. That it often excites a degree of irritation, which renders its prolonged use exceedingly painful, even intolerable to the patient, cannot be doubted. That under such circumstances, and, perhaps under others, it would, if allowed to remain in the womb, excite painful and dangerous disease, is, if not certain, in the highest degree probable." Of the truth of this statement, Prof. Gilman cites two cases; in one it was tolerated only a few hours, by the other, but two or three days. We will here state, that Prof. Meigs "approves of the sound; but condemns the pessary unequivocally. While treating of this subject, an allusion is made to Dr. Bond's instrument for the replacement of the retroverted uterus. The committee are of the opinion, that "the instrument of Dr. Bond will, doubtless, prove a valuable addition to our *armamentum obstetricum*.

Of placenta prævia, considerable is said in the report. On looking at well observed and honestly detailed facts, "the committee find abundant proof, that whatever be the cause, hemorrhage in pla-

centa prævia is materially checked by detaching the placental mass from the uterine wall." This being the case, they proceed to consider the question involved in such a practice, whether "the plan here recommended is so difficult of execution, or attended with such and so great dangers, that for these reasons it must be rejected." On this point the committee say, "the objections of those who suppose that the placenta cannot be detached, will have, with practical minds, little force when opposed to the candid statements of those who have done it." In regard to the question, What are the cases appropriate to it? In cases of so called rigidity of the os, when, as the committee believe, the difficulty really depends upon an undeveloped cervix, "in such cases the operation is valuable, and to such the committee are disposed to confine it, believing that the cases of prostration can be as well managed by following the rules so admirably stated by Ingleby, as by a resort to the practice of Simpson."

The remaining portions of this hastily prepared but truly creditable and interesting report, are devoted to a consideration of the value and results of anæsthetics in obstetrics. In it the committee "present an account of what has been done with anæsthetics in obstetrics, rather than obtrude their own opinion of the value of these agents, on any theoretical reasonings, however ingenious, upon their mode of operation, the dangers necessarily attendant upon their use, &c." After passing in review the facts which have appeared in the journals in relation to their use, and the results which have followed, they thus speak of them in relation to operative midwifery: "The committee deliberately believe, that in the more severe obstetric operations, not only may anæsthetics be rightfully given, but that they may not be rightfully withheld."

Following this report are two appendixes, each consisting of a report of a case of retroflexion of the unimpregnated uterus. The first, by Dr. Post, is a successful case, in which the occasional use of Dr. Simpson's uterine sound completed a cure in about five weeks. The second, by Dr. McCready, in which the uterine sound was only resorted to for a limited period; when the pessary was substituted, this on the fourth day gave rise to symptoms of endo metritis combined with metritis, which required its removal. The uterus in this case was much enlarged, and Dr. McCready was led to believe, that "if the patient had been confined to her bed, and submitted to treatment until the uterus had been reduced to its normal size, the introduction of the instrument might not have given rise to so much irritation, and perhaps, in such case, the health of the patient might have been re-restored without its employment.

Report of the Committee on Medical Education.—This is a very lengthy report, occupying near 120 pages of the Transactions. We much regret that our limits forbid our entering into an analysis of its contents. The state of medical education in Europe is fully considered, after which a comparison with that of our own country is instituted. The requirements of the United States Army and Navy Boards of Medical Examiners is given. The legal requirements of the several States in the Union, as they relate to medical practitioners, is also given. The consideration of such measures as relate to medical education, or the standing of the profession, either prospective or established, and also of such matters as were referred to the Committee by the Association, is fully and ably presented to the profession. Appended to this report are two appendixes. In the first, the views of the Medical Faculty of Harvard University, relative to the extension of the lecture term is presented, and in which we find them taking grounds on the side, "that it is not expedient to extend the course of medical lectures." The second is the report of the special committee appointed to prepare a statement of the facts and arguments which may be adduced in favor of the prolongation of the course of medical lectures to six months. We would most gladly enter into a consideration of the facts and arguments involved in these two sub-reports, but our limits will not permit us so to do.

Report of the Committee on Medical Literature.—Before we pass to notice this report, the occasion is meet for us to say a few words of its lamented author. Cut off and taken from us in the midst of a glorious and useful career, it is with no ordinary feelings that we read this, one of if not the last, product of his pen. By his *works* he is known, and for a long time to come will his counsels, if followed, tend to advance the interests while they adorn the character of our profession. His was a generous devotion to the cause of science —a glorious sacrifice. Long may the memory of his good deeds and counsel, especially in this report, serve as a guide for those who labor for medical improvement.

This report embraces six divisions. 1st. The general character of the periodical medical publications in the United States. 2d. The more important articles therein presented to the profession. 3d. Original American medical publications. 4th. Medical compilations and compends by American writers. 5th. American reprints of foreign medical works; and 6th. All such measures as may be deemed advisable for encouraging and maintaining a national litera-

ture of our own. The first and last divisions we shall notice more particularly. The remaining portions evince in their preparation great judgment and candor, and we doubt not will meet the expectations of the profession at large, as well as that of the periodical press.

Among the points discussed in the first division of the report, viz., that of the general character of our periodical medical literature, the following are kept prominently in view: 1st, the intimate alliance which it holds with our medical schools; 2d, the generous devotion to the science of medicine and to the well-being of the profession which it evinces; 3d, its abundance; and 4th, its cheapness. On the subject of its general character we find the following remarks: "The present aspect presented by medical journalism in this country, is full of auspicious omens of the future progress of medical science. The first minds of the profession are engaged in their editorial management, and in the making up of their original and review matter. A wise and liberal spirit generally pervades and animates the editorship. No personal abuse or vindictive feelings are allowed to stain their pages, and disparage the dignity of the science to the promotion of which they are devoted. Amid our keen political agitations, it is delightful to have a retreat from the angry voice of partisanship, where its clamors reach not our ears, and there ever smiles on the inquiring mind the mild radiance of truth." While speaking of the generous devotion of the medical periodical journals of our country, we find the following remarks:—"A generous devotion to the cause of medical science is amply illustrated in our medical periodicals. There are very few of these journals which yield any compensation, other than the rich luxury of doing something to advance the noblest earthly ends, to the practitioners who edit them. On the contrary, the editorship of a medical journal has, in many instances, damaged to considerable extent, instead of benefiting, the pecuniary resources of the editor; and yet they multiply within our borders, because the medical profession is on the advance, and because the ardent cultivators of medical science in this country prefer the glory of their noble and humane calling, to the rewards of a merely merchantable value." Such are the convictions of one who had observed much in this department of the profession, and need we say they are in the main true? They carry upon their face the strong and unerring conviction of their truth. But we must not dwell on this point, for there are others in the last division which we think must commend themselves to the attention of the whole profession, and which we hope will sooner or later call forth a decided action in the profession. We

allude now to that portion of this division of the report, which speaks of "the appointment of a board or committee of publication at Philadelphia or New-York, whose duty it shall be to receive and carefully read the original or translated works which American writers might offer, and to have them published under the superintendence of the board or committee." If we mistake not, we see in this proposition the buddings forth of something valuable to our home literature. We know of no measure which would redound so much to the good of the profession or credit of the Association, as the immediate and speedy adoption of some such measure as this, which shall also include *inducements for the preservation of our early and now, many of them, almost extinct American medical productions.* Most ardently do we desire the success of the suggestions contained in this most excellent report, and hope that every prominent feature contained in them will meet with the hearty response and approval of the committee who now have them in charge to report upon at the next annual meeting of the Association. Should such a result take place, and the Association adopt the same, many valuable works, creditable alike to the profession and their authors, would be brought to light, instead of lying, like that of the lamented Forry's, mouldering in MSS. for the want of a publisher.

Report of the Committee on Public Hygiene.—This report, with its appendixes, occupies 225 pages. It embraces returns from the following cities, in relation to their sanatory condition :—Portland, Concord, Boston, Lowell, New-York, Philadelphia, Baltimore, Charleston, New-Orleans, Louisville and Cincinnati. Also, a paper on the Yellow Fever Quarantine at New-Orleans; one on the influence upon health of the use of tea and coffee; one on the introduction of water and gas into cities, and a letter on the use of disinfectants in the Navy. On a future occasion we shall endeavor to present our readers with a review of the facts and principles involved in this report—a report which evinces great labor and research.

Report of the Committee on Adulterated and Sophisticated Drugs.—This report presents much interesting matter, but our space will not permit of our noticing it in this place, farther than to state that portions of it may be found in our American Retrospect of this number. We are pleased to see that the suggestions which it contained were readily adopted by the Association, and the necessary committees appointed to carry them into execution.

Report of the Committee on Indigenous Medical Botany.—This report, including the appendixes, occupies 265 pages of the Transactions. In the report itself we see several indigenous plants noticed. To these we shall call the attention of our readers on a future occasion. The first appendix to this report is a report on the indigenous medical plants of South Carolina, by Dr. F. P. Porcher. It is an elaborate production, and reflects much credit upon the author, for the patient research and elaborate care with which it is prepared. The second appendix is a report on the indigenous medical botany of Massachusetts, by Dr. Stephen W. Williams. It also is an elaborate production, but not so lengthy as the first, and reflects great credit upon its author, who for a great number of years has been intimately identified with the learned in this department of medical science. In glancing over the reports on medical botany, it appears to us that there is one defect in the present arrangement of discharged duties of the committee which requires a change. This remark refers to the separate description of plants indigenous to remote sections of the country. A simple reference to the fact of their existence in different sections of the United States, is all that the science requires; while the repetition of descriptions lengthens reports, adds to the labors of the committee, and at the same time to the cost of publication, while it confers no additional value upon the reports.

BIBLIOGRAPHICAL NOTICES.

ART. XIII.—*A Treatise on the Etiology, Pathology and Treatment of Congenital Dislocations of the Head of the Femur.* Illustrated with plates. By JOHN MURRAY CARNOCHAN, M. D., Lecturer on Operative Surgery, with Surgical and Pathological Anatomy, etc. etc. New-York: S. S. & W. Wood. 1850. 8vo. pp. 235.

THAT there are improvements continually taking place in the various sections of medical science, we have abundant evidence to show. That these improvements are the results of a progressive, careful and thorough inquiry, the evidence is equally strong to lead us to believe, notwithstanding what is said in relation to the superficial and

imperfect knowledge of those who compose the profession of the present times. We hear it constantly said and repeated, that professional education and knowledge is at a low ebb; that medical intelligence and respect is falling back, etc. etc. And yet when we examine for the truth of these assertions, we find meeting us at every step of the inquiry assurance to the contrary, based upon the positive certainty of progressive improvement. In practical medicine we have newly developed facts in pathology and therapeutics; and in anatomy and physiology we have accuracy of minute research, which is only equalled by the certainties of diagnosis and the true pathological anatomy of diseased structures and lesions. In surgery and surgical pathology and therapeutics, we have the modern treatment of aneurism, the discovery of anæsthetics, etc. etc., which establish the conviction that the first half of the nineteenth century will ever be memorable for the advancements in medical science.

In the work before us we have brought to our notice some excellent observations on a subject which has attracted but little of the attention of American surgeons. The Congenital Dislocations of the Head of the Femur have been scarcely, if at all, investigated by them. In France the subject has claimed and received the attention of her surgeons, and several reports, papers, works, etc., have been published. The author of this monograph has attempted "to introduce to the surgeons of this country, a systematic account of this important affection of the human organism," and in doing so has added a good contribution to our literature. The symptoms and pathology of these lesions are illustrated by correct delineations, taken from cases which came under his own observations, as well as dissections made by his own hands. The treatment recommended is that which *has been* attended with success, while suggestions from eminent authority are carefully recorded. This volume, we are much pleased to see, is executed in the best style of the art, and we have seldom seen lithographic plates by our own artists so admirably executed. The typographical appearance of the work is also in a high degree creditable to the publishers, who it would appear have spared no pains to make it an attractive volume.

ART. XIV.—*Principles of Human Physiology, with their chief applications to Pathology, Hygiene and Forensic Medicine.* By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., Lecturer on Physiology, at the London Hospital Medical School, &c., &c. Fourth American edition, with extensive additions and improvements by the Author. With two plates, and three hundred and four woodcuts. Philadelphia: Lea & Blanchard. 1850. 8vo. pp. 750.

THE rapid advancement made within the last few years in all departments of physiology, has been truly surprising, so much so, that the discoveries of the last dozen years have almost remodelled the whole science. The practitioner thoroughly read in the doctrines of Generation ten years since, at the present time would hardly be considered as acquainted with even its first principles.

In this volume of Dr. Carpenter's, we need only say we have the well-ascertained facts, doctrines, &c., of the present period, fully stated; for the known reputation of the previous editions of the work have been sufficient, alone, to command for it a ready and extensive sale. In this, the fourth American edition, the publishers have made it worth the author's while to prepare a new edition, posted up to the present state of physiological knowledge. While, therefore, they subserved their own interests, as well as that of the cause of science, the opportunity has been presented to the author "of laying before his American readers his latest views on several topics, which have been constantly occupying his own attention, together with the re-results of the recent labors of other inquirers on numerous points of interest." The principal changes made in this edition will be found in that portion of the work which treats of the Nervous System, and in the chapter on Generation. The author's inquiries in the first-named portion, it appears, "have led him to relinquish certain parts of Marshall Hall's doctrines, long advocated by himself, and to substitute what he believes will be found a far simpler and more consistent view of the constitution of the cerebro-spinal centres, which may be said to be based on the doctrines of Messrs. Todd and Bowman, though differing from them in some important particulars." In the chapter on Generation, the alterations "have chiefly consisted in the substitution of the views of Bischoff, with respect to the development of the ovum, for those of Dr. Barry." The author, it appears, has satisfied himself, that the views of the latter are no longer

tenable, whilst those of the former, though imperfect in many important particulars, are, on the whole, deserving of the credit which he had previously accorded to Dr. Barry's observations. Scattered through the volume, we perceive numerous other alterations, which on the whole, render it far more comprehensive, and in consonance with the present state of physiological science. We perceive, also, that there are many new illustrations added to this edition, which, to say the least, facilitate the learner, and render it admirably adapted to the end designed, a comprehensive and accurate work for the use of both student and practitioner.

ART. XV.—*A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition.* By P. CAZEAUX, adjunct Professor in the Faculty of Medicine of Paris, etc., etc. (Adopted by the Royal Council of Public Instruction). Translated from the second French edition, with occasional notes and a copious index. By ROBERT P. THOMAS, M. D., Member of the Philadelphia Medical Society, late Demonstrator of Anatomy in Franklin Medical College, etc. With one hundred and seventeen illustrations. Philadelphia: Lindsay & Blakiston. 1850. 8 vo. pp. 675.

THIS work, more particularly intended for the use of students of medicine, is an exposition of the course of lectures delivered by M. Cazeaux, in Paris, for several years past. It is also the work adopted by the Royal Council of Public Instruction. In many respects, in its general arrangement, it resembles most of those heretofore published on the same subject in France; yet in the main it appears to differ essentially. The author has "adopted almost wholly the views of Professors Nægele, Staltz, and P. Dubois, which are not found clearly expressed in any of our classical works." While, however, he has put the views of these teachers under heavy contributions, it also appears that he has drawn freely and judiciously upon all the more modern writers who have published upon the same subject. The opinion of M. Coste, on all that relates to ovology has been consulted. In the chapters which are devoted to the history of the changes that take place in the ovary and ovulum, before and after conception, numerous engravings have been presented, in order to more clearly illustrate and simplify the text, and "by their aid, the

great doctrine of reproduction, which is now exciting so much attention both in this country and in Europe, will be rendered intelligible to every reader." The American translator has executed his task in a very satisfactory manner; and he, together with his publishers, are deserving of the especial thanks of the American reader, for this worthy addition to an already large stock of treatises on midwifery.

ART. XVI.—*Summary of the Transactions of the College of Physicians of Philadelphia.* From November 6th, 1849, to January 15th, 1850, inclusive. No. 1. Vol. 3. Philadelphia: 1850. 8vo. pp. 48.

Transactions of the Medical Association of Southern Central New-York. At the annual meeting, held at Cortlandville, June 5th, 1849. New-York: 1849. 8vo. pp. 35.

THIS number of the Transactions of the College of Physicians of Philadelphia, among other interesting matters, contains an obituary notice of the late Dr. Thomas Hewson, with an enumeration of his medical writings: a very interesting discussion on cause of tuberculosis, which we shall soon notice. A report on the pathological cabinet of the college by its curator, Dr. J. Neill, together with a report on the anatomical alterations in the intestinal canal of cholera patients, as evinced by minute injections, subsequently submitted to the microscope. The task of making these observations was performed by Dr. Neill, for the committee having charge of the subject. The conclusions arrived at by the committee, may be found in the American Retrospect of this number. Besides the above matters, reports of several interesting discussions are contained in this number, which reflects much credit upon the practical working character of the college.

The transactions of the Medical Association of Central New-York, besides minutes, which evince well marked signs of the strong dedetermination of the profession of that section of the State to occupy the van in all matters pertaining to improvement, contains a practical and interesting essay on malarial remittent fever, by Dr. R. Wilcox; also, a report of the committee on preliminary qualifications of students commencing the study of medicine. This report evinces great clearness of judgment, and a thorough acquaintance with deficiencies of past and present times.

PART THIRD.

FOREIGN MEDICAL RETROSPECT.

ANATOMY AND PHYSIOLOGY.

Important Variety in the course of the Internal Pudic Artery.—In demonstrating the anatomy of the perineum in an adult male subject, Mr. Coote met with the following very important variety in the course of the internal pudic on both sides. After re-entering the pelvis through the lesser ischiatic notch, the artery, instead of ascending, as usual, behind the ramus of the ischium and the pubes, passed on by the side of the rectum towards the so-called triangular ligament, and then gave off its three terminal branches, namely, one to the bulb of the urethra, another to the crus penis; and, lastly, the dorsal artery of the penis. Had lithotomy been performed upon this subject, the pudic artery would have been unavoidably divided; and it might possibly have been cut through in laying open a fistula in ano.—*Med. Times.*

Anomaly of the Cervical Vertebræ.—M. Dubreil, Professor of Anatomy at the University of Montpelier, relates a very rare case of anomaly of the cervical vertebræ. It consists in the existence of a supernumerary vertebra, and occurred in the person of a Swiss drum-major, whom M. Dubreil had often remarked during his lifetime, on account of his extraordinary stature. A careful examination of the skeleton leads the author to conclude that the anomaly consists in a duplication of the sixth vertebra of the neck. M. Geoffray St. Hilaire never observed a case of this kind, and it appears the only one to be found in the annals of medicine. I remember, however, when a student at Edinburgh, that a well-known member of the Medical Society, remarkable for his height, was said to possess a similar deformity.—*Ibid.*

State of the Fibrin in Blood.—M. Horn affirms that the fibrin in the blood is united to the corpuscles, and not free; his proofs are,

that when frog's blood is filtered, the fibrin appears in the form of flocculi, or thready coagula, and the microscope shows that these are formed out of the granules which are met with in the blood, and have the characters of fibrin; moreover, when the fibrin is carefully removed by beating, these corpuscles can no longer be found. The fibrinous corpuscles are formed from the colorless molecules, found so abundantly in the lacteals and lymphatics. M. Horn believes that these molecules by aggregation produce true lymph-corpuscles, which, indeed, in their earliest stage, appear like conglomerations of extremely little molecules. The molecules dissolve away as the corpuscles progress, the corpuscles become flattened and smooth, and are, lastly, converted into blood-corpuscles. M. Horn considers, also, that pus-corpuscles are nothing but aggregations of these molecules; just as in the normal state the fibrin is converted into globulin, so in pathological conditions it is changed into pyin. (*Schmidt's Jahrbuch.* Band viii. 1848; as in *Provincial Medical and Surgical Journal*).

PATHOLOGY AND PRACTICAL MEDICINE.

Deaths from Chloroform. — John Shorter, aged 48, a porter, known to Mr. Solly for some time as a very active messenger, habits intemperate, but apparently in perfcet health, was admitted into St. Thomas's Hospital, George's ward, under Mr. Solly, on the 9th October, 1849, suffering from onychia of the left great toe, which had existed some time. It was determined to remove the nail, the man having decided, before entering the hospital, on taking chloroform.

On Wednesday, October 10th, at a quarter to two, P. M., he began to inhale the chloroform, with one drachm in the inhaler. It had no visible effect for about two minutes: it then excited him, and the instrument was removed from his mouth, and about ten drops more were added; he then almost immediately became insensible: the chloroform was taken away, and the nail removed. He continued insensible; and, his face becoming dark, the pulse small, quick, but regular, respiration laborious, his neckerchief was removed, and the chest exposed to fresh air from a window close to the bed; cold water was dashed in his face, the chest rubbed, and ammonia applied to the nose. After struggling for about a minute, he became still, the skin cold, pulse scarcely perceptible, and soon ceased to be felt at the wrist; respiration became slow and at intervals, but continued a few seconds after the cessation of the pulse. Immediately on the appearance of these symptoms, artificial respiration was commenced by depressing the ribs with the hands and then allowing them to rise again until the proper apparatus was brought, when respiration was kept up by means of the trachea-tube and bellows, and oxygen gas introduced into the lungs by the same means. Galvanism was also applied through the heart and diaphragm, but all signs of life ceased about six or seven minutes after the commencement of

inhalation. These means were persisted in until a quarter past three, but to no purpose. On removing the inhaler, the sponge, which only contains one drachm, fell upon the floor, and the chloroform splashed about,—thus showing that a considerable part of the chloroform remained unused; so that the patient could not have inhaled more than one drachm. Every endeavor was made to procure a post-mortem examination, but in vain.—*Med. Gaz.*

A death from chloroform lately occurred in Berlin. A young lady died two days after an unsuccessful attempt had been made to extract a tooth, while under anæsthetic influence,—the reaction, it is said, operating upon the brain. The dentist has been examined before the judicial authorities, and charged with having administered the drug without the presence of a surgeon or physician, as required by law,—not that such authorization would have saved the patient, but the "law allows it, and the court awards:" and the effect will be, to check the indiscriminate and indiscreet use of chloroform, which is here as fashionable as it seems to be in your northern capital. It has also given rise to many discussions among scientific men. Langenbeck, the successor of Dieffenbach in the University Clinic, and formerly Professor at Kiel, has availed himself of the opportunity to publish his "Experiences" on the matter. He has used chloroform in all ages—in the child of a few hours old, and in patients of eighty years of age. He has had but one death from it, and that in a sailor with comminuted fracture of the ankle, requiring amputation. While tying the artery, Langenbeck observed black blood and gas bubbles issuing from the wound, and the patient died half an hour after the operation. The same occurrence also took place in La Charité, during the operation for excision of the lower jaw. On dissection, much black and frothy blood was found in the right heart.—*Dublin Medical Press.*

Syphilitic Inoculation.—Some time ago, when syphilis was fancied to be incompatible with Cholera, a person gravely proposed to spread syphilis by inoculation, and to poison the community wholesale, in order to guard them against Cholera. We perceive, now, that M. Diday, lately surgeon to the Venereal Hospital of Lyons, has a plan pretty similar to the above, for shielding young people from the effects of the syphilitic virus. He proposes no less than to inoculate people with the venereal disease, on the same principle upon which the inoculation of small-pox was grounded. M. Diday says, that constitutional syphilis attacks a man but once in his life; and from the analogy of small-pox, measles, scarlatina, &c., he concludes, that by artificially developing syphilis in an individual, the latter would be free from the danger of contracting the disease again. These ideas were presented to the Academy of Sciences, on the 10th of September, and the experiments upon which the theory is grounded are as follows:—Sixteen patients laboring under recent chancres, and who never had had secondary syphilis, were inoculated with the

blood taken from the node of a man suffering from tertiary syphilis. The wounds healed without any notable inflammation; and six months afterwards, none of the patients, excepting one, presented any secondary symptoms. M. Diday explained the exception by stating, that the only patient who had the secondaries had been affected by an indurated chancre. These experiments, even if strictly correct, would merely give additional proofs of the truth of M. Ricord's views, who maintains that none but indurated chancres contaminate the system; but they bear very little upon the wild project of inoculating syphilis to prevent its recurrence in the same subject.—*Lancet.*

Treatment of the Nephritic Dropsy which follows Scarlatina. By Dr. F. J. Behrend, Erlangen. — Dr. Behrend observes, that the first thing to be done, is to diminish the congestion of the kidneys, so far as to prevent the exudation of plastic matter, and to restore the diuresis. For this purpose the best means are repeated applications of a sufficient number of leeches—from six to ten—to the lumbar regions, or repeated cuppings: the former seem the best remedy. The second indication is to restrict the diet, and to administer mild diuretic salts, as the acetates of potash and soda, which act also on the intestinal canal. Infusion of elder flowers is useful as a drink, for promoting diuresis. The body should be kept warm by being wrapped in flannel, impregnated with the vapor of sugar: this is prepared by throwing pounded white sugar on glowing coals, and holding the flannel over it. The limbs may also be enveloped in raw wool. I have lately tried the effect of sponging the skin with turpentine, and then covering it with flannel; but cannot speak with certainty as to the efficacy of this treatment. If the dark color of the urine return after it has been removed by means of local depletion, this must be repeated, without any regard to the apparent weakness of the child. This state of the urine is indicative of a highly congestive state of the kidneys. If the attack be less acute—if there be œdema, and the urine be albuminous, but clear and in sufficient quantity, spirits of nitric ether may be used, in addition to the diuretic salts. A restricted diet is not so necessary, as the child should be kept in bed and in a warm atmosphere, so that the skin may be kept in a state of functional activity. Friction with oil of turpentine, warm baths, and mild purgatives, are indicated: sanguineous depletion is not proper. The child must be kept very warm for a long time: it should be daily rubbed with flannel for a month; and if it continue pale and weakly, iron should be administered; and the patient should have the benefit of country air. In dropsy of the pericardium and pleura, and in hydrocephalus, there is so great danger, that these affections will have to be treated without reference to the original cause of the disease. There is but little hope of recovery, unless nature takes some extraordinary course.—*London Jour. of Medicine.*

Anemia as a Consequence of Rheumatism. By Dr. O'Ferrall, Dublin.—[In commenting on some cases of acute rheumatism at

St. Vincent's Hospital.]—Dr. O'Ferrall stated, that he was induced to believe that this disease had a tendency, in its latter stages, to produce phenomena connected with a diminution of the globules of the blood. Some modifications in the constitution of the blood, during rheumatic fever, had been already observed; it had been ascertained that, at an early period of the disease, the fibrin is increased; but it would appear that, subsequently, there is, in many instances, a diminution of the coloring matter. The attention of Dr. O'Ferrall was first called to the subject by observing that, in cases with endocardiac complications, after the employment of depletion and mercury, a cardiac bruit of a different character from that which originally presented itself, continued to persist, notwithstanding the steady employment of the usual means for subduing inflammatory action. By-and-by, cases terminating fatally came under his observation, in which, although this bruit was present to the last, no morbid appearances could be detected in the heart upon *post-mortem* examination. Afterwards, he found that a rale musicale in the cervical vessels very constantly accompanied this peculiar cardiac bruit; and he was led to suspect, that after the subjection of the inflammation by bleeding and mercury, an anæmic condition followed the use of these remedies, which would require a very different treatment for its subdual. He accordingly ordered chalybeates, as in an ordinary case of chlorosis, and found the cervical and cardiac bruits to disappear under the use of this remedy. As yet, he imagined the anæmia to be due to the effects of the antiphlogistic treatment employed in combating inflammation; but during the last few years he has had repeated opportunities of observing, that a rale musicale in the neck, and a bruit accompanying the first sound over the aortic valves, very frequently coincide with the decline of rheumatic fever, in cases where no active and weakening remedies have been employed; and he has been thus led to the conclusion, that the natural tendency of the disease in its advanced stages is to produce a diminution of the hæmotosin of the blood, evincing itself by its ordinary physical phenomena.

This observation is one of very great practical importance, teaching us the necessity of discriminating between those cardiac sounds produced by the participation of the heart in the general rheumatic disease, and those arising from deterioration of the blood. The treatment in the two cases must obviously be of a totally different nature. —*Medical Times.*

Treatment of Typhus. By Dr. Jones Lamprey, Trim, County Meath.—[In an account of the epidemic fever as it recently occurred under his observation in Ireland, Dr. Lamprey speaks thus of that form of the disease which presented the characters of our Typhus:]

The treatment of these cases, which lasted for such a lengthened period, was necessarily modified and altered according to circumstances, but was principally determined by the condition of the pulse,

as in the typhoid form, which denoted the use of stimulants or the reverse. Port wine was largely used when delirious restlessness was present. The antimonial treatment originated by Dr. Graves, answered in restoring the nervous system to a quiet and composed state. Where the petechiæ were of a very dark color, or threatening to run into a putrid condition, I have found the exhibition of yeast, in combination with camphor and nitric ether, of great service in staying the septic process, besides acting as a powerful stimulant. I cannot speak too highly of the stimulating and antiseptic properties of this mixture. I have seen it remove the dark, livid hue of the skin in this form of fever within a few hours; and, as another proof of its antiseptic powers, I have found that, on administering it in cases of dysentery attended with great fetor of the dejecta, it speedily removed all odor, and, at the same time, rather counteracted the frequency of the discharges from the bowels. The following is the formula I used:

℞. Cerevisiæ fermenti, ℥x. Camphoræ, ʒss. Ætheris Nitrici, ʒiv. Misce.

An ounce to be taken every hour, or every second or third hour.

The mixture soon becomes so agreeable to the palates of the patients, that it is necessary to keep it concealed from them, for fear of making "too free" a use of it.—*Dublin Quarterly Journal.*

On the supposed hereditary nature of Phthisis. By Dr. W. H. Walshe.—[The following statements, which are opposed to the prevailing opinions on this subject, are given by Dr. Walshe as the result of a careful examination of a large number of cases at the hospital for consumption. Dr. W. says:]

From a comparative analysis of the family histories of 446 persons, 152 of them phthisical, 284 non-phthisical, the final conclusion flows:—*that phthisis in the adult hospital-population of this country is, to a slight amount only, a disease demonstrably derived from parents.* It is possible, (nay, indeed, *probable*, for, in adults having a parental taint, the outbreak of the disease occurred a mean period of two years and nine months earlier than in those free from such taint,) that, were investigation extended to infancy, childhood, and youth, the ratio of cases of parental taint among the phthisical, would be proportionably greater than it proves where inquiry is limited to adults. But on the other hand, there is no single valid reason for *supposing* (prior to actual experience) that the increase in that ratio would be of more than trifling amount. Again, whether the law differs in the adult portion of the middle and upper classes of society, from that holding in the humbler classes (those supplying hospitals), can only be positively determined by an analysis of family histories collected among the former classes; meanwhile it appears justifiable to doubt the reality of any such difference.—*Monthly Journal.*

Treatment of Eczema.—Direct the treatment chiefly to the constitution, giving mild tonics and alteratives. Keep the parts cleanly,

and when it is thought the discharge may be safely arrested, apply mild lotions containing carbonate or bicarbonate of potash, and let the bath be frequently used. If these remedies are not sufficient, give active purgatives if the patient is strong; or where these are not indicated, give sarsaparilla and hydriodate of potash; and employ lotions of nitrate of silver or bichloride of mercury. If there is inflammatory tendency in the parts, apply a few leeches behind the ears. If there is much smarting, with abundant serous exudation, give sulphuric acid internally, beginning with a small quantity, administered in barley water, and a little cold water after each dose.

In *acute* cases the constitutional treatment is most important, and must depend upon the kind of constitutional affection; the disease being usually associated with either the oxalic, lithic, or phosphatic diathesis, or with a scrofulous taint. The local treatment here is of very subordinate importance. But in *chronic* cases, the local treatment is by far the most important, and should consist in the application of a solution of ʒij. of the subcarbonate of soda in a pint and a half of water; lint saturated with this solution, being applied over the affected parts, and the whole covered with oil-silk.—*Braithwaite's Retrospect.*

SURGERY.

Ill results following the use of Gutta Percha Bougies.—From some cases published in the *Medical Gazette*, it would appear that the use of these bougies has been followed at St. George's Hospital by unpleasant consequences, the bougies having unrolled and a portion remained in the bladder. M. Civiale considers that the accident probably depended on the manner in which the gutta percha bougies are manufactured in England. They are made by rolling a band or strip of the substance round a stylet, and then applying heat. Hence, they are subject to unroll. In France, the line of puncture runs along the whole length of the bougie, and accidents of the kind mentioned by Mr. Hawkins never occur. M. Civiale states also, that, so far from having observed any irritation produced by the contact of gutta percha bougies with the mucous membrane, he has found that they remain in the urethra a much longer time without inconvenience than those of Indian rubber.—*Med. Times.*

Obstinate Muscular Contraction cured by Vapor.—A curious case of this kind occurred a short time back at the Hôtel Dieu, in the practice of M. Jobert, which is worthy of notice, rather from the simplicity of the means employed to relieve, than from the nature or symptoms of the malady. A young girl had pricked the palm of the hand with a needle. Soon after this slight accident, contraction of the flexor muscles set in, and after three months, had arrived at such a pitch, that the nails seemed as if they would be driven through the skin. Almost every imaginable remedy had been tried without success, when M. Jobert thought of trying the effects of a vapor douche. The

first application gave relief, and after the second one, the power of extension was so complete, that the patient appeared to be completely cured.—*Ibid.*

Treatment of Aneurisms by Galvano-Puncture.—M. Abeille, of Val-de-Grâce, reports a case of subclavian aneurism in a lady aged 65. The operation by galvano-puncture being determined upon, she was rendered insensible by ether, and four steel needles, of two inches long, were inserted by pairs into the sac, and attached to a galvanic battery; the poles were placed in contact with each pair of needles alternately, and the communication maintained during five minutes. The patient at first felt nothing, but soon she cried out, and became generally convulsed. The tumor diminished in volume, and became more tense, its pulsations diminished, and the radial pulse disappeared; the needles were then withdrawn. Compresses of cold water were then applied, and the patient placed in bed. Next day the radial pulse was still absent, the outer limb was cold and numbed, and the power of moving the fingers was lost. In four days the radial pulse reappeared, the tumor gradually diminished, and at the end of a week was only half its original size. At the end of two years the patient remained well.—*Prov. Jour.*

Prevention of the Entrance of Air when removing Fluid from the larger Cavities.—At a meeting of the *Société de Chirurgie* of Paris, held on the 14th of November, a letter was read from M. Raciborski, of which the *Union Mèdicale* for November 17, gives the following extract.

A wet, collapsed hog's bladder is fixed to the outlet of the canula which is to be introduced. When the trocar has sufficiently entered the cavity, the bladder must be supported by the left hand of the operator, the right being used to withdraw the trocar, and so allow the fluid to flow through the canula into the bladder. If the bladder be insufficient to contain the whole of the fluid to be withdrawn, the flow has to be stopped by pressing the side of the bladder against the outlet of the canula, whilst an assistant punctures the bladder in a convenient part, and thus evacuates its contents. By securing the opening by a ligature, the bladder may be made to serve for the evacuation of the whole of the fluid.—*Lond. Jour. Med.*

On Section of Tendo-Achillis in some cases of Fracture of the Bones of the Leg. By C. De Morgan.—After referring to the operation of tenotomy, as practised not unfrequently on the continent, in cases of fracture where unusual difficulty is experienced in reducing and keeping quiescent the fractured ends of a bone, the writer related the following cases, illustrative of this practice, where the tibia and fibula were the seat of injury, and the tendo-achillis that of the operation. He believes they are the only instances thus treated in this country.

The first case is furnished by Mr. Shaw, in whose practice it

occurred. W. S., æt. 40, was admitted into the Middlesex Hospital, Feb. 12th, 1847, having fallen down stairs in a state of intoxication. Both bones of the leg were broken, and the fracture of the tibia extended through both malleoli, the foot being twisted outwards. Violent spasm of the muscles frustrated all attempts to keep the fractured extremities of the bones in apposition; the slightest movement brought on this spasmodic contraction, which extended to all the muscles of the limb, so as to cause great distortion of the foot, and render the skin over the base of the tibia extremely tense. All the symptoms continuing unabated on the following day, and the suffering of the patient being considerable, Mr. Shaw determined on dividing in the usual way the tendo-achillis, which was very tense. After this all the difficulties ceased, and no further trouble was experienced in the treatment of the case.

The second case occurred in the author's own practice; the patient was a female, æt. 66, of drunken habits, and was admitted into the Middlesex Hospital, in March, 1849. She had been knocked down by a cab, and both bones of one leg were fractured a little above the ankle. The symptoms and condition of this patient were very similar to those of the last, and every mechanical and therapeutic measure which could be suggested to relieve the spasm was tried in vain. The author divided the tendo-achillis on the ninth day, with instant relief to the suffering of the patient, and immediate removal of all untoward symptoms. In less than a month the chasm left after division of the tendon, which was not very great, had disappeared; and a fortnight subsequently she was able to walk on crutches, and the foot was free from deformity.

After some general remarks on the value of the operation in the foregoing cases in relieving suffering and spasm, the author proceeded to remark that he thought so simple and harmless a proceeding as dividing the tendo-achillis might be adopted with advantage in other cases of more frequent occurrence, especially as the cure would not thereby be retarded. He concluded with noticing a remark of M. Bonnet's, that he has frequently divided the tendo-achillis in cases of diseased ankle-joint, where rest was imperative, and the heel was drawn up by the muscles inserted into it.—*Lond. Med. Gaz.*

Cicatrices after Burns; Removal of the Deformity by the Gliding Method (*autoplastie par glissement*).—M. Huguier, surgeon to the Hôspital Beaujon, lately communicated to the Société de Chirurgie of Paris, the successful results of an operation performed by him to remove the deformity of an everted lower lid fixed in its vicious situation by the cicatrix of a burn. The different steps were as follow: The margin of the *upper* and lower lids were carefully pared, avoiding the eyelashes and tarsal cartilages; then a semilunar incision was made on a level with the lower segment of the orbit, along the whole extent of that segment, the knife being carried to the bone; two similar incisions were made about three lines below the first, and at the same distance from each other. These incisions facilitated

the raising of the lower lid, and five sutures fixed the pared margins of both lids to one another. Lint was then put into the three wounds inflicted by the knife, to prevent healing by first intention, and they were very carefully dressed. The patient presented, a month after the operation, the following appearances: The inferior half of the globe is perfectly covered by the lower lid, which latter is, in some degree, remodelled; the occlusion of the eye has not been complete, the lids adhere only by the inner and outer angles. The cornea is clear, and vision good, and the new cicatrices do not present any deformity. M. Huguier tried this method, as being recommended by M. Maisonneuve, surgeon to the Hôspital Cochin; this practitioner had remedied, too, the partial loss of the upper lid, by making three parallel incisions on the forehead; it is not recorded, however, how long the artificial adherence of the lids was allowed to go on. M. Huguier himself had operated before on the upper lid in a similar manner, and wished the eye to remain closed for seven or eight months; but the patient, who was going to be married, had the lids separated after three months, and did very well. This method is similar to the process used by M. Jobert (de Lambelle) for the cure of vesico-vaginal fistula—viz., "autoplastie par glissement." Relapses are to be feared when this method is employed; Celsus and Bordenave had used it; and its novelty must, therefore, be called in question.—*Lancet.*

Balsam of Peru as an Application to Indolent Ulcers.—E. J. Spry, in a communication in the *Provincial Med. and Surg. Jour.* (Oct. 3, 1849), states that he has found the balsam of Peru of very great use in several cases of indolent ulcerations of the legs and other parts of the body. Lint soaked in it is to be applied to the surfaces every morning, a piece of oiled silk of corresponding size is placed over this, some soft rag to fill up the hollow, and a well-applied roller over the whole. In one case especially, of old ulceration of many years' standing, which surrounded two-thirds of the leg of a man who came into the infirmary for the purpose of having his leg amputated, and which, in the opinion of some of Mr. S.'s colleagues, could not be saved, the *balsam* excited the growth of granulations over the whole surface so rapidly as to excite surprise; the deep, sharply-defined ulcer filled up, and with a little modification of treatment from time to time, proceeded very favorably to cicatrization.

An obstinate case of lupus, or noli me tangere, was very much benefited, and finally healed, under similar treatment.—*Amer. Jour. Med. Sci.*

Extraction of Foreign Bodies from the Ear. By M. Dieffenbach.—This is often indispensable in the instance of children who have stuck peas, beads, berries, portions of chalk or stone in the ears. These are most readily scooped out with a curved director or a curette; if in the anterior part of the auditory tube, with forceps. In adults the meatus is sometimes blocked up with dead insects, plugs

of cotton, and other things incrusted with cerumen, or with indurated cerumen itself. These, the cause of continued deafness for years, are best extracted with moderate-sized polypus forceps. It is advisable to drop in beforehand a little almond oil, and allow the patient to recline upon the opposite side of the head. Great caution is to be observed, so as not to injure the walls of the meatus, or the tympanum. Should violent bleeding supervene, and there be no likelihood of completing the operation at one sitting, cold, and afterwards warm, applications are to be resorted to, so as to favor suppuration. Subsequently, when the parts are relaxed, the substance may be extracted. Fabricius Hildanus witnessed hemicrania, debility of the entire half of the body, obstinate cough, amenorrhœa, epilepsy, and wasting of the arm ensue from the circumstance of a bead having been forced into the ear. Restoration to health followed its abstraction. Sabatier saw typhus fever and death consequent upon the pressure of a pellet of paper in this situation. Power observed protracted salivation, and atrophy result from a dossil of wool. I have noticed, after the removal of foreign bodies, long impacted in the ear, that the hearing became so acutely sensitive, as to require the ears to be stopped with cotton. Should a living insect create any distressing symptoms, it may be picked out by the aid of a tuft of cotton fastened to the end of a match; or killed with a drop of oil, and then readily extricated. Solution of acetate of lead, dilute cherry-laurel water, and a weak solution of corrosive sublimate have been used for the same purpose. Comperat destroyed an insect larva in the meatus auditorious, by means of tincture of opium. Andry states that a round worm crept along the eustachian tube into the ear.—*Prov. Jour.*

Extirpation of nearly the whole of the Uterus and Vagina, and of a Portion of the Bladder. By Don Melchor Sancherz de Toca. (*Translated for Lancet from Gazetta Medica, by* G. B. Childs, F. R. C. S. L.)—The rectum having been emptied the previous evening by a gentle laxative, and by an enema on the day of the operation, the patient was placed on a table covered with a mattress, in the same position as in the operation for stone, being held down by assistants. The bladder was emptied with the catheter, the manner in which it entered, and some drops of blood, and muco-purulent discharge, which appeared on its point when withdrawn, in consequence of coming in simple contact with its walls, showed that degeneration of some part of its parietes had commenced. The catheter was again introduced, and the index finger passed into the vagina, into the deepest point of the ulceration, situated along its anterior boundary, for the purpose of examining the vesico-vaginal septum; additional information was thus acquired of its diseased condition.

Leaving the catheter in the bladder, the operation was proceeded with. I introduced into the vagina Ricord's speculum, and opening it sufficiently wide, I guided through its cavity the separate branches of a pair of double-hooked forceps, articulated after the manner of the

midwifery forceps, and seized with them a prominence of the cancer, which presented apparently more resistance than the other points; I delivered these to an assistant to hold, and with another pair seized the tumor, from another prominence, on the opposite side. I then withdrew the speculum, allowing the forceps to pass out of its cavity, through its superior longitudinal fissure, and I commenced to drag at them in a gentle and gradual manner, in order to bring down the womb; but the latter, disfigured and reduced to a misshappen cancerous mass, was intimately adherent to the neighboring organs, and retained in its situation, not only by its natural attachments, but by other diseased bands; all my efforts to make it descend were ineffectual, and the softest and the most fragile part of the degenerated mass were torn through. With a long and stout double tenaculum, conducted by means of the index finger, into the depth of the cancerous cavity, I seized the tumor on its upper part, and, directing the traction in the course of the pelvis axis, I endeavored to assist the action of the forceps, but in vain. It was necessary to desist, and to decide upon attacking the tumor *in situ*.

After separating the lips, and the whole course of the vagina, by means of retractors confided to the care of assistants, I carefully made an incision into the mucous membrane, closing within it the whole incipient disease; afterwards, with a pair of dissecting forceps and a short convex bistoury, I commenced dissecting around the diseased textures. This stage of the operation was very laborious, and was delayed in consequence of the depth of the situation, the delicacy of the parts, the contractile efforts of the walls of the vagina, which, irritated by the action of the instruments, tended to obliterate its cavity, from the necessity of directing incessantly streams of cold water with a syringe to the point of operation, in order to keep the parts clear of blood; from the importance of continually examining, with the index finger of the free hand, the relations which the instrument bore to the healthy and diseased structures, with the parts which should be removed, and those which ought to remain; and from the necessity of substituting from time to time the flat handle of a scalpel for the blade of the bistoury, in order to displace the tumor, tearing it, rather than cutting it away. On the part of the rectum the dissection was less difficult, and whilst the index and middle fingers of the left hand, introduced into the gut as far up as to be on a line with the cancerous mass, guarded the action of the right hand, the index finger of the latter raised and completely insulated the tumor from its posterior and two lateral regions, leaving the fleshy fibres of the straight intestine dissected in such a manner as to be seen and felt clear and denuded. It was still necessary to detach the peritoneum from the broad ligaments, and from the morbid adhesions, the fundus of the uterus had contracted with the rectum, in order to ascertain the possibility of detaching the tumor from its anterior connections, without entering into the cavity of the bladder. But in performing the dissection on the vesico-vaginal septum, the difficulties were insuperable. An examination of the anterior parietes made

with the index finger in the vagina, and the urethral sound in the bladder, showed their extreme thinness, and their complete degeneration. The dissection must necessarily conduct me into the cancerous cavity, for it was evident that the mucous membrane of the bladder participated in the disease; I therefore resolved to form a vesico-vaginal fistula.

This being done, I consulted for a moment with my colleagues who were present, on the possibility and propriety of uniting the edges of the fistula by means of a suture, and continuing the operation: but doubting the capabilities of my patient to endure any delay in the operation, it was considered more prudent to leave the urinary fistula, and to continue the extirpation of the cancerous womb. The tumor being again seized with the forceps, I continued its extirpation, guiding myself with the left index finger, and passing round it the cutting edge of a long straight bistoury wrapped in lint close to its extremity, and finishing the operation with a long knife in shape of a bent spatula, with a cutting edge and point. I afterwards reapplied the spatula-shaped bistoury, by the aid of the finger, to some points of the fundus of the uterus, which appeared suspicious, and thoroughly scraped the whole of the indurated cavity.

Thus I succeeded in removing a large mass of cancerous growth, disposed, in a great measure, in form of vegetations. The greater part of the walls of the vagina, the inferior portion of the recto-uterine peritoneum, a portion of the inferior fundus of the bladder, all the neck, and a part of the body of the uterus, and lastly, the internal coat of its fundus implicated in the degenerate mass, were completely extirpated.

The patient evinced great courage, and did not faint during the whole time of the operation. The after-treatment consisted in the introduction of pledgets of lint, smeared with cerate, placed in contact with the wounded surface, and keeping a stout gum-elastic catheter in the bladder, in order to allow of a free escape of the urine.

The traumatic fever and diarrhœa consequent on the operation, ceased at the end of a few days. The œdematous swelling of the feet has been gradually disappearing, and instead of suffering a dreadful death, to which her malady, treated simply with palliative measures, had consigned her, she now lives to bless the operation for a less sorrowful existence, and is gradually returning to the enjoyment of her previous life. The marasmodic state to which her sufferings and the inordinate cancerous flux had reduced her has disappeared, and the abdominal pains have completely left her; hectic fever no longer exists; her appetite is good, her digestion perfect; her skin begins to assume a more healthy color, her flesh its former luxuriance, the muscles their primitive vigor; her physiognomy is losing the stamp of habitual suffering, and acquiring the expression of health; in short, this lady now begins to occupy herself in matters connected with her household; and although, as yet, she has not left her home, she is prevented only from doing so by the incle-

mency of the season. The urinary fistula, the inevitable result of the utero-vaginal cancer attacking the bladder, is an inconvenience tolerated only as long as she may deem it proper, and I hope soon to occupy myself in its removal.

Such are the observations I have to offer on the utero-vesical cancer operated on by me, and which I have deemed of sufficient importance to lay before the notice of this academy, and I consider, also, that some conclusions may be drawn from them, worthy also of occupying the attention of this learned body.

1st. Cancers of the uterus should not be abandoned, as they have hitherto been amongst us; extirpation ought to be applied to them as well as to other cancers; and although here, as in all extirpated cancerous tumors, there may be a fear of reproduction, yet we ought not the less to regard the operation as the only anchor of salvation. In the present case, even should the cancer be reproduced, the advantages of the operation are incontestable, and are being felt daily.

2d. The operation should be done as soon as possible. As the greater number of these cases commence in the uterine neck, the operation, performed in proper time, is reduced simply to extirpation of this part only; and is therefore less serious, and the chances of success are more numerous.

3d. Although the cancer may have invaded the whole of the womb, its extirpation ought to be attempted, either without opening the peritoneal cavity, removing by dissection the internal coats of the womb, and leaving only the parts in immediate connection with that membrane, or by entering its cavity and extracting the whole of the uterus, together with its peritoneal covering.

4th. The extension and progress of cancer to the vagina, and even its propagation to the bladder itself, although they render the operation more and more grave, and diminish the probabilities of success, are not sufficient to justify us in renouncing it altogether. Between the perspective of a certain and dreadful death, on the one hand, and some probabilities, although not very great, of life and cure on the other, the choice cannot be doubtful.

5th. The urinary fistulæ, resulting in those very advanced cases, may be reunited immediately after the operation, or very soon after the cicatrization of the wound induced by the operation.

Influence of Pregnancy upon the Progress of Phthisis.—It is an opinion of very ancient date, and, we believe, of pretty general acceptation, that the course of phthisis is modified, or may even be suspended, by the occurrence of pregnancy. This opinion has, however, been contested in some quarters, and, among others, by Andral and Louis. Latterly, M. Grisolle (in a memoir presented to the Academy of Medicine) has collected twenty-seven cases of phthisis coinciding with pregnancy. Of these twenty-seven cases, there were only three in which the rational signs of consumption preceded the pregnancy. In the remainder, the first symptoms of the disease ap-

peared during the early months of gestation. These facts are sufficiently demonstrative of the commencement of tubercular disease, under conditions generally thought to be adverse to its manifestation. M. Grisolle has further ascertained, by statistical inquiry, that, so far from pregnancy delaying the fatal termination, the disease would appear to progress more rapidly in pregnant than in other females. In fourteen cases examined in reference to the duration of phthisis, he finds the average to be ten months, while in non-pregnant women it appears, according to Louis, to be fifteen months. In so far, therefore, as these few observations go, there appears to be no foundation for the opinions generally entertained.—*Prov. Jour.*

MIDWIFERY.

Neuralgia of the Cervix Uteri.—According to Malgaine, this is a frequent affection. It is combined with leucorrhœa, and with congestion of the os and cervix. The characteristic symptom is the presence of a painful spot, generally near the anterior lip. It is also accompanied by neuralgic pains in the abdomen, loins, and epigastrium. His treatment consists of an incision into the painful spot, by which he divides the affected nerve. He states that he has met with great success, and the hemorrhage has in all cases been trifling.—*Prov. Jour.*

Recovery of an Infant after Perforation of its Cranium. By Dr. Lagae.—In July, 1839, the author was called to a woman, æt. 34, in labor with her second child. Two years before, she had been delivered of a still-born child by means of the forceps. He found that the labor had continued more than forty-eight hours, and that the practitioner in attendance, after having in vain endeavored to deliver by the forceps, had perforated the cranium, and made ineffectual efforts at extraction. The woman was fatigued, but not exhausted, and Dr. Lagae fearing, owing to the height at which the head was situated, and to the narrowness and obliquity of the pelvis, that greater danger would result to the mother by continuing the attempts at extraction than by perforating the Cæsarean section, resorted to the latter. No difficulty attended its performance, the mother getting about in a few weeks, and living for eight years after. A feeble male infant, heaving some sighs, was delivered. There was a large wound in its cranium, situated to the right of the sagittal suture, and a few lines in front of the posterior fontanelle. Through this the brain was visible, looking like a sanguinolent pulp, a small portion escaping by the wound, as did other portions, after the suppurative process was set up. The child recovered; compresses, dipped in cold water, being alone applied to the part. It, now nine years old, was recently exhibited to the West Flanders Medical Society, a loss of substance equal to a two-franc piece in size being still observable in its cranium, notwithstanding that reparation of the loss of the cranial bones occurs in the young.

The child's intellectual faculties are in their normal state. A circumstance worthy of note is, that at the solution of continuity in the bone, where the soft parts alone cover the brain, there sometimes takes place a depression, and then the brain is plainly seen raised up by the arterial pulsations at the bottom of this cup-like depression. When this appearance manifests itself, experience has shown that the child is not well. At other times, the soft parts remain on a level with the cranial bones, and the arterial pulsations are slightly, if at all, observable.—*Brit. and For. Med.-Chir. Rev.*, from *Revue Médico-Chirurg.*

Cæsarean Operation successful to both Mother and Child.—An Italian journal, the *Gazetta Medica Lombarda*, reports the following case:—A female, aged thirty-five, had for many years been subject to rheumatic pains in the pelvis and lower extremities. Her first child was extracted dead. During her last pregnancy, she had a return of her arthralgia, during the persistence of which her body became so curved that she could not raise herself upright. Labor commenced on the morning of the 20th of June, and the midwife having recognized an arm presentation as well as a distorted pelvis, sought the aid of M. Custodi. By him it was soon ascertained that the transverse diameter of the brim was only two inches; the oblique, three inches. Under these circumstances, in accordance with the views of the Italian school, the Cæsarean operation was at once decided upon, and performed six hours after the commencement of labor. The only bad symptom which followed was some degree of meteorism, which was combated successfully by the external and internal use of ice; and on the ninth day the abdominal incision had perfectly closed.—*Monthly Retrospect.*

On Local Bleeding in Displacement of the Uterus.—M. C. Ollivier, of Angers, observes that, during a fifteen years' practice, in which uterine diseases have especially occupied his attention, he has never met with a case of displacement of the uterus that was not preceded by a more or less considerable degree of engorgement; and that, instead of employing pessaries, and the whole variety of palliative bandages, he has been always enabled, by leeching the os uteri, to effect a radical cure. The careless way in which leeching this part has frequently been performed, has been the reason it has so fallen out of favor. In the first place, it should very rarely be undertaken, except in chronic uterine affections, when the congestion has become purely passive. Small leeches should be employed, rather than large ones, the suction of the latter being too energetic, and their bites sometimes proving painful. They should never be employed in a large number, it being far preferable to renew their application frequently. In applying them, a small conical speculum should be used, so that the whole of the os uteri may not become inclosed within it; for otherwise there is risk of the leeches entering within the cavity of the cervix. It is from accidents, which have

resulted from their doing so, that their application has been thought to be attended with danger. It is evident that considerable *engorgements* will yield only to repeated applications; but these should be made by a small number of small leeches.—*Brit. and For. Med. Chir. Rev.*, from *Gazette des Hôpitaux.*

MATERIA MEDICA AND THERAPEUTICS.

Strychnine in Chorea.—M. Trousseau treats chorea by the use of a preparation of the sulphate of strychnine. Of this, they prepare a syrup in the proportion of four-fifths of a grain of strychnine to three ounces of simple syrup. In children from six to twelve years of age, he commences with six teaspoonfuls during the day; in more advanced age, the dose is a dessert-spoonful six times a day. The doses are equivalent in the first case to thirty, and in the second to fifty grammes of the syrup, twenty grammes of which contain one-seventh of a grain of strychnine. These doses were increased or diminished according to the effects produced. Under the use of the remedy, a distinct rigidity of the jaws, neck, and limbs is produced; but the author has found that these physiological symptoms are the forerunners of the yielding of the disease, and he therefore advises the continuance of the medicine until they are induced.—*L'Union Médicale.*

Preparations of Manganese in Chlorosis.—M. Hannon has investigated the therapeutic action of oxide, carbonate, malate, tartrate, phosphate, and ioduret of manganese in chlorosis, and has found that these salts may be given in doses somewhat similar to those of the preparations of iron, while their medicinal properties are regarded by M. Hannon as superior.—*Journal de Chimie Médicale.*

Action of Aconitum Napellus.—M. Teissier, of Lyons, has conducted a series of experiments on the aconitum napellus, with the view of studying its stupefying and antiphlogistic actions. The stupefying action is undoubted; it differs from that of morphia, the influence of which is perceptible in more or less relieving all kinds of pain; aconite, on the contrary, has power only over special pains. This speciality of action of the aconite is one of its principal characters, and it results from the fact that the stupefying property of this medicine is only secondary; its principal, and in some sort specific, action is exerted on the skin; it consists in eliminating the noxious elements from the vessels of that membrane, and in re-establishing its functions, when they have been disturbed either by the repercussion of the perspiration or by the presence of any virus. Thus, aconite is adapted for the treatment of diseases caused by cold, the consequences of catarrhs, and also of the diseases in which a morbid principle is retained in the cutaneous tissue, such as the exanthematous fevers. The painful diseases in which M. Teissier has obtained

benefit from the sedative action of aconite, are those depending on a catarrhal or rheumatic cause. The antiphlogistic action of the plant is quite secondary and subordinate to its action on the skin.—*Jour. Psychol Med.*, from *Révue Médicale.*

MISCELLANEA.

Animal Grafting.—Professor Berthold, of Goettingen, has recently performed a series of curious experiments on the transplantation of testicles. He castrated six young cocks, two or three months old, leaving them, however, the crest and spurs. From two of these animals he took the testicles off altogether; both these assumed all the characters of capons: the crest turned pale, and the head remained small. They were killed five months afterwards. At the place of each testicle a small cicatrix was found, and the seminal duct was reduced to a mere thread. From two other cocks one testicle only was removed; and with the two next, both testicles were excised, but the testicle of the one was reciprocally introduced and left in the abdomen of the other. The four latter cocks preserved all the characters peculiar to their kind: they grew up, showed themselves as passionate as heretofore, and evinced the same inclination for the hens. With all of them the crest and spurs developed fully. One of the cocks, from whom one testicle only had been removed, was killed two months afterwards. The remaining testicle was found in its usual situation; it was hypertrophied, and yielded, on a section being made, a whitish fluid with cells, but without spermatozoa. On the same day that the crest and spurs were removed from the three other cocks, and the testicle of the animal which had been left, one of these organs was removed; the latter recovered neither his crest nor spurs, ceased following the hens, and lost all the characters of the male sex. This, however, did not happen with the two others: their crests and spurs grew again, and when they were killed, six months after the transplantation of the testicles, this organ was with both found very large, situated behind the colon, and between the extremities of the cœcum, and supplied with large branches from the mesenteric vessels which were distributed within the testicle to the seminiferous vessels. The latter contained a normal seminal fluid with cells and spermatozoa. From these experiments the author concluded—1st. That testicles may be transplanted, and will unite with living structures after their removal from the body; not only when placed in their ordinary situation, but even in an abnormal locality. 2d. That the organ, in this new situation, exactly like the grafted branch, retains its specific properties, and secretes its natural fluid. 3d. That the specificity of nerves is not indispensable to the preservation of functions. 4th. That the separation of the testicles does not deprive the individual of the characters of his species, when care is taken to preserve this organ in another part of the body; so that it would seem that the action of the fluid secreted in the testicle suffices, by its contact with the blood, to give to the economy the characters peculiar to the species.—*Dublin Med. Press.*

Prof. Tiedmann's Retirement.—Our readers will learn with regret that the celebrated anatomist and Physiologist, Tiedmann of Heidelberg, has just resigned his chair. His retirement is attributed to the grief the eminent professor feels at the death of his son, who had been commander of Radstadt during the resent Baden insurrection, and who was executed on the surrender of that fortress.—*Lancet.*

The Fathers of Medicine.—M. Daremberg, the eminent Librarian of the Academy of Medicine, of Paris, well known by his vast researches in ancient medical literature, is now proceeding to Italy, in order to gather in the public libraries of that country, further materials for the edition of the medical writers of antiquity, which he is to publish, under the immediate support of the Academy. The Minister of Public Instruction, at whose suggestion this scientific mission has been instituted, requested the Academy of Medicine to give M. Daremberg detailed instructions on the following heads: 1st, history and literature of medicine, both in remote and in the middle ages; 2d, the collection of materials for the above-mentioned work; 3d, the compilation of a catalogue *raisonné* of medical manuscripts; (this catalogue is already begun, and comprises the libraries of Paris, England, and the north of Germany.) These various tasks have appeared to the Academy above the efforts of a single man, and M. Daremberg was therefore desired to confine himself especially to the examination of manuscripts referring to the following authors: Hippocrates, Rufus, Galen, Oribazius, and Aëtius.—*Ibid.*.

Statistics of the Egyptian School of Medicine.—The school of medicine founded twenty-two years ago, has received, during that time, eight hundred and thirty-nine students. In six years from its opening a class of eighty-seven pupils had completed their studies. In five years subsequently, another of ninety-one; a third, of one hundred; a fourth, of one hundred and seventeen; a fifth and last, of one hundred and twenty-seven, recently left the school. The remainder have not yet completed their medical education. Of this number, three hundred and seventeen are employed in the army, navy, schools, workshops, docks, &c.

The obstetric school has been established only twelve years. At first the sole pupils were twenty-four negresses. Subsequently poor girls were taken as pupils, and with difficulty sixty could be collected. Many of these are now practising with success in Cairo, Alexandria, and Damietta.—*L'Union Médicale.*

OBITUARY.

Morton Thomas, Esq., Surgeon to University College Hospital and to the Queen's Bench Prison, at his residence, on the 30th Oct., aged 35 years. This talented surgeon it appears, died from prussic acid administered by his own hands. The cause, we learn from one of our exchanges, was a fit of insanity, connected with hypochondriasis.

PART FOURTH.

EDITORIAL

AND

AMERICAN MEDICAL RETROSPECT.

Reappearance of Cholera, Public Hygiene, etc.—Circumstances have again occurred which render it necessary for us to record the fact, that Cholera has reappeared among us. From the department of the Commissioners of Emigration we learn, that there has already occurred at the Emigrants' Refuge, and Refuge Hospital on Ward's Island, some 80 cases, of which about 30 have proved fatal. These institutions it will be remembered are the receptacles of all the deplorable poor, and poverty-stricken emigrants landing in this port, who are so reduced, or in such circumstances as to be unable to provide for themselves. Some idea of the number here congregated may be gathered from the following facts, viz.: that the whole number admitted into these institutions during the last year, was 6,827: that the hospital arrangements are such as to admit of about 860 patients, which arrangements, to say the best, are indifferent in a medical point of view, for the purposes for which ther are intended. Of the crowded condition of things we may learn from the fact, that the estimated number of days of inmates in these institutions for the year 1849, was 468,000. To the public and its presses it may not seem strange that the disease should reappear on this island. But to the medical profession and to us, there is in it the harbinger of trouble, which in the present state of sanitary affairs in this city, will not cease until our citizens are again compelled

to drink the dregs of a scourge, which at the present time hangs like the fabled shirt of Nessus, about and around us. If we mistake not, it is the opinion of those who have most investigated the subject of the present and prospective sanitary condition of our city, that ere long we are destined to suffer, and that severely too, from the unsatisfactory and ill-conceived management of our Medical Police regulations. There exists no actual necessity for this state of things. Medical men are to be found among us whose wise and judicious counsel is demanded, and which, if obtained and carefully followed out, would save us from the probability of epidemic scourges, which have in times gone by nearly decimated great cities. Why then, we would ask, are not they consulted, and their suggestions heard too and followed by those, who to say the least are intrusted with matters beyond their proper and judicious comprehension—matters that pertain to medical police and public health, and matters about which medical men alone are qualified to judge?

We have been led to make these remarks, by the appearance presented by the present actual sanitary condition of our city around and in the midst of us. Nuisances great and powerful exist in every Ward in this city—nuisances which call for and demand *immediate* abatement, in order that we may, if there is now a possibility, escape the threatenings which now menace our safety. That these remarks may not be considered as the opinion of one individual alone, we abstract the following from the "report of the committee on public hygiene" made to the American Medical Association at its last annual session: "With reference to health, the character of the city of New-York is by no means what it might be, if its facilities for maintaining cleanliness, and enforcing other sanitary measures, were properly regarded and diligently embraced. Its ratio of mortality is believed to be above the average of large cities, and when its great natural advantages are taken into consideration, and comparison is instituted between it and less favored places, we must necessarily look to its sanitary regulations for the cause of this."* Such are the convictions of judgment of one who has paid no small degree of attention to this subject. And why, we would ask, will not those who have the power, institute prompt and efficient measures which are alike called for by the necessities of the case—the dictates of reason—and the urgent and imploring calls of humanity? Does not the experience of last season throw light on this subject, by showing

* Vide the Transactions of the American Medical Association, instituted 1847. Vol. II. 1849, p. 455.

most conclusively, that nuisances of various forms and degrees are the hot-beds of Cholera? and above all, may we—shall we not, by its powerful appeals, learn lessons of wisdom, which shall serve to guide and if possible protect us from impending danger, disease and death?

PATENT OBSTETRICAL SUPPORTERS, PATENT LEGS, &c., &c.—We are often favored with expositions of these doubtless useful improvements. But as the secular press and even the advertising pages of the Journal, are devoted to the dissemination of their well-adapted and useful properties, it cannot be expected that our pages, which profess to be the oracle of the medical profession, can be the medium of proclaiming their merits, however useful they may be; especially when we have staring us in the face the fourth section of article first, chapter second, of the code of medical ethics, adopted by the American Medical Association, to which we cheerfully subscribe in all its force. So long, therefore, as we have control of the pages of the Journal, we must be exonerated from taking any positive stand that will contravene the language or spirit, however frequent others may do it, of the section above referred to. The moment we step aside from this path we shall be crowded with applications, and we shall be led widely aside from the line of duty we have marked out to pursue.

EDITORIAL CHANGES,—NEW APPOINTMENTS AND NEW JOURNALS.

Prof. P. F. EVE has retired from the editorship of the Southern Medical Journal, and Prof. J. P. GARVIN succeeds him. Dr. G. brings with him experience as well as ability and talent, and we welcome his return to the editorial chair of our valued contemporary, feeling the full assurance that, in the loss of the former, we have gained one who will not fail to reflect equal credit upon the censorship of the medical literature of our country.

Prof. DAVID H. TUCKER has retired from the editorial management of the Medical Examiner, and Dr. F. G. SMITH remains the sole editor. This journal, under the fostering care of Drs. Smith and Tucker, has lost none of its original popularity, and we are pleased to acknowledge it as among the most welcome of our exchanges.

Prof. LAWSON is now the only editor of the Western Lancet and Hospital Reporter. Its subscribers and friends need not apprehend any diminution of interest in its editorial pages, as Dr. L. has had, during the whole time of the late Prof. Harrison's connection with it,

the almost sole charge of its editorial management. We are pleased to see, that while the spirit of controversy waxes warm in the "far West," it preserves its former wise, judicious, and even course.

Prof. S. H. SMITH succeeds the lamented and late Dr. BUTTERFIELD in the editorial chair of the Ohio Medical and Surgical Journal, also that of Prof. of Theory and Practice of Medicine, in the Starling Medical College. The able and satisfactory manner with which Dr. Butterfield ever discharged the duties connected with the editorship of that journal, we hope and believe, will continue to be evinced by his successor.

Drs. GAILLARD and DE SAUSSURE have retired from the editorial management of the Charleston Medical Journal, and have been succeeded by Drs. CAIN and PORCHER. This journal has always been considered as a favorite among our exchanges.

Dr. N. D. BENEDICT has been appointed superintendent of the New-York State Lunatic Asylum, at Utica, in place of the late Dr. BRIGHAM.

With the commencement of the new year, two new medical journals have sprung into existence, one the St. Louis Probe, edited by A. J. COONS, M. D., and J. R. ATKINSON, M. D. It is a monthly, of twenty-four 8vo pages, and, we presume, is intended to take the place of the St. Louis Medical and Surgical Journal. The other is styled the Northern Lancet and Gazette of Legal Medicine, edited by T. J. D. AVINGON, M. D., and HORACE NELSON, M. D. It is published monthly at Plattsburg, New-York.

CONTRIBUTIONS TO THE VALUE OF CHLOROFORM. BY R. P. STEVENS, M.D.

To S. S Purple, M. D.—Dear Sir,—In the July number of your valuable Journal I published a contribution to the value of chloroform in natural cases of midwifery. When a new agent is introduced to the notice of the medical profession, one naturally wishes to test the range of its capabilities to subserve the interests of that profession. If it professes to be the friend of the physician in alleviating the sufferings which he is called to minister unto, to test how far its friendship extends, and where it ends.

The first disease which I propose to report its favorable use in, is a case of Nervous Dyspepsia, of some eighteen months standing. Mrs. S., of a nervous temperament, æt. 33, had frequently suffered from this ennui-engendering disease. Her last attack was peculiarly obstinate, resisting the usual remedies, which in former attacks had procured relief; and the usual round of anodynes, antispasmodics, and tonics, either separate or combined. Hydrocyanic acid, of the strength of Scheele's formulæ, in large doses, would give some tempo-

rary relief. Her life was rendered miserable; her spirits much depressed, and this depression made her dyspepsia worse. Immediately upon the republication of Professor Simpson's pamphlet, in Boston, I procured from that city some chloroform, and administered by inhalation about fifteen drops, upon a linen handkerchief, folded for the purpose. It produced but partial anæsthesia, but the dyspepsia disappeared from that time, and has not returned, a period now of nearly two years.

Three cases of Furuncula cured by the application of a dossil of lint saturated with chloroform. One of these diminutive, but exquisitely painful tumors, was situated within the nasal orifice. It was speedily discussed, much to the delight of the modern Job.

Three cases of Asthma. One of a child, æt. four years. The sufferings of this little girl were truly terrific. She was stretched upon the floor; her head supported, countenance livid, eyes staring and glassy, the chest heaving laboriously, her brow bathed in a cold perspiration; her whole powers of body and mind seemed absorbed in laboring for her breath. I immediatelyexhibited eight drops by inhalation, which gave instant relief, equally as much to the surprise of the delighted mother, as to the comfort of the little sufferer.

The other two cases were Mr. C., æt. 37, a confirmed wheezing asthmatic. Half his nights are spent in an arm-chair. A featherbed is suffocation to him. The first trial of chloroform was in one of his ordinary attacks. The inhalation of fifteen drops procured almost immediate relief, and in a few moments he was in a sweet sleep: he inhaled in a reclining posture, almost suffocated by his recumbent position. The second trial was when the attack was unusally severe, being increased in severity by taking a full dose of opium. It required thirty drops, thrice repeated, while sitting in his chair, to entirely relieve his respiration; soon after the second dose it became easier, more natural and fuller. The pulse denoted the effect of the chloroform upon the heart and arterial system, and he soon fell asleep, the first he had had in three days and nights. We gently bore him to his couch, and he had a sound sleep of nearly four hours, and awoke in the morning refreshed, leaped aboard a raft, and piloted it to Pittsburgh.

I have found it useful in Ondontalgia, by applying it to the cleaned cavities of the carious teeth, in irritable corns and bunions, and in chilblains.

In Neuralgia of the supra-orbital nerves, applied over the foramen by a saturated dossil of lint, covered with oiled silk, it procures instant ease.

In six cases of Cholera Morbus, attended with cramp of the muscles of the extremities and abdomen, chloroform, with camphor dissolved in it, has succeeded like a charm in arresting the convulsions, and relieving the pain.

It has sometimes needed to be repeated. It is a powerful solvent of camphor, and prevents this gum from distressing the stomach.

In one case of stercoraceous vomiting, in doses of thirty drops, thrice exhibited internally, it restored the peristaltic motion of the

alimentary canal to its normal state, imparted new life to the circulation, heat to the extremities, and warmth and moisture the surface. When received into the stomach it is an exciter to the heart and arteries, equally as prompt and decided as it is a depresser when inhaled. In the last case mentioned, the pulse rose from thirty-two beats in a minute up to seventy—from being feeble and flickering, to full, soft, and strong.

One case of sick head-ache. Mrs. S. subject to frequent attacks, oftentimes assuming a neuralgic character; vomiting gives no relief, but increases the pain; counter-irritation along the affected nerves also increases the pain. Morphine gives relief at the expense of a sick day following. Sleep, though but for a few moments in the initiatory symptoms, often allays the attack. Gave fifteen drops by inhalation; not producing the desired effect, through imperfect application of the napkin to her mouth, the dose was repeated. In a few moments, as soon as the pulse indicated the influence of the chloroform, she fell asleep, and awoke perfectly cured. The next day ready for her accustomed duties.

Case of Morbus Brightii.—During the first week of January, 1850, I was called to visit a boy aged 13 years with the following prominent symptoms, viz. high fever, furred tongue, and pain in the loins. I should state, that when two years of age he was attacked with caries of several dorsal vertebræ, which resulted in permanent curvature of the spine, from loss of vertebral substance—he is of a decidedly strumous habit.

I administered a small dose of Calomel, followed up with Oleum Ricini, which acted freely, and after the discharge of the morbid secretion, he seemed so much relieved that I ceased visiting him.

On the morning of the 21st I was again sent for, and found him as follows: Slow irritative fever, accompanied with vomiting and purging of a mixture of bile and white curdled matter resembling sour milk; considerable abdominal dropsy, the tension being so great as to cause the little sufferer to exclaim, Doctor, open me, open me! Œdema of the lower extremites—pain in the region of the kidneys—urine very scanty and of a milky appearance—tested it by heat and nitric acid—coagulates immediately—administered a combination of calomel, half gr., squills, 1 gr., and opium, one fourth of a gr., every two hours, with occasionally a table-spoonful of gin toddy.

22d. 11 o'clock, A. M. Has had no vomiting of any account during the night, but has been pretty drastically purged by the medicine. Urine still scanty, but not so albuminous—abdominal swelling, and anasarca much diminished—tongue still furred, pulse very feeble—ordered same prescription at longer intervals.

23d. 11 A. M. All the symptoms much improved; urine freer in discharge, and assuming a natural appearance—does not coagulate by heat, and but slightly so by addition of nitric acid;

showing still a small trace of albumen—bowels not open to-day—ordered a small dose of calcined magnesia—continue toddy and omit the pills.

24th. 12 A. M. Patient better in every respect—pulse stronger, tongue nearly clean, urine quite clear, by test exhibiting no albumen—abdominal swelling subsided—still a little œdema of lower extremities—ordered one pill of the previous prescription every other night—diet nutritious, with a little horse-radish, as condiment.

27th. Patient rapidly convalescing—able to walk out—no œdema—ordered a continuance of nutritious diet.

That this case was one of Bright's disease, can scarcely be doubted, if we are to attach credit to the diagnosis of writers, particularly him, after whom the disease has been named.—See Wood, vol. 2, page 538; Elliotson, page 160; Watson, page 783, and others.

That this disease occasionally occurs in young persons, particularly of a strumous diathesis, no one will doubt; but it is rare in this country, in comparison to the numbers of adult cases. The favorable result in this instance, I think, may doubtless be attributable to the mercurial, combined with the squills and opium. Our countryman Dr. Wood seems to think it of doubtful applicability in such cases.—Vide Wood's Practice, vol. 2, p. 543. Mercury, so useful in most inflammatory affections, is here of doubtful utility, if not positively injurious; it is said of itself to sometimes produce albumious urine, and upon this ground has been feared in Bright's disease.

Elliotson, Watson and others, speak favorably of its use; Dr. Bailles states, that squills and digitalis are much less effectual by themselves, than when combined with mercury, &c.

Respectfully your friend,

SAMUEL TYLER,
Secretary of the Fredk. Co. Medical Society, and Member of the American Medical Association,
Frederick City, Maryland.

To S. S. Purple, M. D.,
Editor of the New-York Journal of Medicine, &c.

VITAL STATISTICS IN BROOKLYN.—The following paper was read before the State Medical Society, at the last Annual Meeting, by Dr. Chas. S. J. Goodrich, to whom we are much indebted for a copy for publication in the Journal.

To the President of the State Medical Society:—In compliance with a resolution of your Society, passed at the last Annual Meeting, I herewith communicate to the Medical Society some vital statistics in the City of Brooklyn, for the year ending 1st January, 1850. As the Health Officer of the city of Brooklyn, it became my duty to make return to the Common Council in the month of January, of the dieases and deaths recorded in my office during the year. So

much of that Report as I have supposed might be of interest, I offer the Society, in the hope that other members may be induced to communicate, as they have opportunity, similar statistics. Should this practice become general among the members of our profession, we should in a few years be in possession of a mass of facts, interesting to us as medical men, and valuable to the public authorities and the community generally.

The city of Brooklyn has a population of 100,000, situated on the southwestern end of Long Island, separated from New-York by the width of the East River, and somewhat nearer Quarantine for the Port of New-York, than New-York City, consequently very much exposed to the influx of foreigners, and the diseases brought to our shores by a large annual immigration. These circumstances influence, more or less, the sanitary condition of Brooklyn and New-York.

MORTALITY IN 1849.

DATE.	MALES.	FEMALES.	ADULTS.	CHILDREN.	TOTAL.
Deaths in January, 1849 . .	72	78	60	90	150
" February, " . .	82	78	62	98	160
" March, " . .	103	130	89	144	233
" April, " . .	62	84	66	80	146
" May, " . .	71	74	57	88	145
" June, " . .	126	125	126	125	251
" July, " . .	223	225	236	212	448
" August, " . .	345	336	382	299	681
" September, " . .	157	152	119	190	309
" October, " . .	88	93	88	93	181
" November, " . .	92	89	74	107	181
" December, " . .	5	82	81	86	167
Total	1506	1546	1440	1612	3052

Interments in Brooklyn Grounds from New-York and elsewhere, for the Year 1849, ending January 1st, 1850.—1876.

The whole number of Deaths in the city during the year 1847—1777.
Do do do 1848—2095.
Do do do 1849—3052.

The increase in the bills of mortality in 1849 over 1848 is attributable to increase of population, but more especially to the prevalence of Epidemic Cholera. The first fatal case of the epidemic occurred on the 25th of May, and the last on the 20th September. The whole number of deaths from Cholera was 650,—500 adults, and 150 children. It will be seen in the above table that in the months of June, July and August—the months in which the Cholera prevailed—the adult mortality was in excess of children 108. In the corresponding months of 1848, the mortality of children was in excess of adults 250. In each of the other nine months of 1849, more children died than adults. The ratio of deaths to population

in 1849 is 1 to 33 inhabitants, or 3 per cent and a fraction. Deduct the deaths from Cholera, would leave the ratio of deaths 1 in 42 inhabitants. In 1848 the ratio of deaths was 1 in 43 inhabitants.

Deaths from Cholera. The whole number was 650—500 adults, and 150 children ; 325 males, 325 females. Of the adults 75 were natives of the United States, 391 were from Ireland and Germany, and 34 from other countries. The oldest victim of the epidemic was a colored woman of the age of 90. The youngest an infant of 1 day, who was born in the hospital, and with its mother died, both marked cases of the epidemic.

One peculiarity in the epidemic of 1849, not observed in that of 1832, is the large relative number of children. In one family 4 children died within 24 hours. The ratio of deaths from Cholera was 1 in 155 inhabitants. A large proportion of the adults were addicted to intemperance in a greater or less degree—nearly four-fifths. In those who were temperate the exciting cause was in almost every instance traceable to gross imprudence in eating noxious food, immature or stale vegetables. In some few instances, grief, fear, or other mental agitation was manifestly the excitement of the attack. Some few families were entirely swept off, and that too in a short time. In some families four, five and six of their number have fallen victims. At first view this would seem to favor the idea of contagion ; but it should be borne in mind that, in most instances, one and all members of the family would naturally be exposed to similar excitements and influences, and after the first fatal case in the family, there would be superadded grief, mental anxiety and fatigue, all of which we know are powerfully provocative of disease.

Remarks on Epidemic Erysipelas. By S. Tyler, M. D.—It is often, doubtless, a matter of surprise to well-informed, unprofessional readers, that there are so many apparent contradictions in the results of the observations of the most experienced professional men. These contradictions are most frequently owing to the want of proper vigilance on the part of observers, and to the extreme difficulty of correctly interpreting the facts observed. I wish, very briefly, to call attention to the prevalence of an epidemic, which many of the oldest practitioners seem at a loss to account for.

It is known that previous to the Cholera of 1832, Influenza, and other similar affections preceded the epidemic, and that Scarlatina succeeded the Cholera of that year, in nearly every locality in which it had prevailed. At present, an epidemic of the following characteristics prevails very generally :—Fever of different grades—depending in each case upon the peculiar circumstances attending it, together with an eruption of an erysipilatous character, and passing off with the regular symptoms and appearances of the decline of ordinary erysipelas. The almost universal prevalence of this disease has given rise to much speculation as to its origin, and as before remarked, the oldest practitioners seem unable satisfactorily to account for it.

As the result of my own observations, together with anatogical reasoning, I think it may be attributed to some meteorological change in the atmosphere; such as was determined to have caused the prevalence of other eruptive diseases, so generally prevalent, after the epidemic of 1832, and not to mere local causes which ordinarily produce disease.

Society for the Relief of the Widows and Orphans of Medical Men.—We have received the following letter from an esteemed friend, and most cheerfully give to it a place in our pages.

Dear Sir,—In your notice of the Society for the Relief of the Widows and Orphans of Medical Men, in the last number, you omitted to state the *important fact* that, at the Dinner, *nine Life Members* handed in their names; thus adding the amount of $800 to the funds of the Association.

As an item of intelligence, I would state, that the pupils and friends of Dr. F. U. Johnston have procured his Portrait, which is to be deposited in the Governor's Room of the New-York Hospital, Dr. Johnston having served that institution for a period of more than twenty years.

The friends of the late Dr. Jas. Macdonald have also collected subscriptions for the Portrait of the deceased, to be deposited in the Bloomingdale Asylum, the theatre of his labors during many years.

Truly yours,

A Life Member.

Contributions to Physiology.—Communication from Professor Le Conte.—*Dear Sir*—The brief notice of Dr. Bennett Dowler's pamphlet, entitled "Contributions to Physiology," contained in the last number of your Journal (for January, 1850, p. 142), has suggested to me the propriety of calling attention to a paper which your correspondent published in the "New-York Journal of Medicine and the Collateral Sciences," first series, vol. 5, page 335, *et seq.*, for November, 1845, under the title of "*Experiments illustrating the seat of volition in the Alligator, or Crocodilus Lucius of Cuvier.*"* By comparing this article with Dr. Dowler's "Contributions to Physiology," as published in the "New-Orleans Medical and Surgical Journal," for November, 1849, page 381, *et seq.*, it will be perceived that this original and indefatigable physiologist has been anticipated in the experiments, as well as in the conclusions deduced from them. For it will be seen that I have, in the above-mentioned article, discussed at length the bearing of these experiments on the reflex system of Hall and Müller. It is natural, therefore, that I should be

* The reader of this article is requested to make the following corrections in typography, viz. p. 342, line 27, for "analogies" read analogous; p. 344, line 4, for "case" read trace; line 51, for "different" read afferent; p. 345, line 11, after "may" insert be; and p. 346, line 20, for "two" read to.

somewhat surprised to discover that no mention is made of my experiments or my deductions in Dr. Dowler's recent article. This surprise is heightened by the fact, that in a review of Mr. Solly's work on the brain, written by Dr. Dowler, and published in the New-Orleans Medical and Surgical Journal for July, 1848, p. 84, *et seq.*, my experiments are quoted *in extenso*, and their physiological bearing fully acknowledged.* He remarks, "Since the above article went to press, I have obtained, through the politeness of Dr. Fenner, the very interesting paper of Professor Le Conte (in the New-York Journal of Medicine for November, 1845), namely, "Experiments illustrating the seat of volition in the Alligator." These experiments refute the unversally received doctrine which localizes sensation, intelligence, volition, etc., exclusively in the brain." After quoting Mr. Solly's views in relation to the seat of sensation and perception, Dr. Dowler further says: "Now, instead of these diluted waters of opinion, let the reader look at Dr. Le Conte's experiments, massive as a mountain of granite." Then follows the extract detailing my experiments, concluding with a quotation of my deductions from them. (Vide New-Orleans Journal for July, 1848, pp. 98, 99, 100.) Of the recent series of experiments of Dr. Dowler, *one* of them was made in October, 1847, *four* in 1848, and *three* in 1849. My experiments were performed in March, 1845. Dr. Dowler says that his experimental researches "originated incidentally during a course of anatomical examinations made upon the great saurian of Louisiana."

Under these circumstances, I must confess that the omission to give me credit for priority in this field of investigation is quite inexplicable: it must have been an oversight. "*Fiat justitia ruat cœlum.*"

It affords me no small gratification to find, that Dr. Dowler's experiments are in the main confirmatory of my deductions. The *slight* motions which he observed in the anterior extremities after the spinal cord was destroyed several inches below the part giving off the axillary plexus, probably arose from the imperfect destruction of *all* parts of the column. The remarkable performance of the separated head springing from the table to the distance of six or eight feet, which seems to be so puzzling to Dr. D., was obviously produced by a rapid and forcible depression of the lower jaw reacting against the plane of the table. Under such circumstances, the point of contact of the anterior extremity of the lower jaw with the table becomes the *fixed point*, while the point of application of the *force* is transferred to its posterior or articulating extremity. Upon mechanical principles, such a force, if sufficiently powerful, must project the head upwards and forwards. The philosophical toy, con-

* From a passage in a paper published by Dr. Dowler, under the title of "Contributions to the Natural History of the Alligator," it appears that his attention was directed to my experiments at a much earlier date; in fact, soon after their publication. The article contains a distinct reference to them, together with a short extract. (Vide New-Orleans Medical and Surgical Journal for November, 1846.)

structed from the breast-bone of a goose or turkey, which the boys call "Jack-jumper," acts upon precisely the same mechanical principle.

Considering the bearing of such experiments on the received doctrines of physiology, I, of course, felt the necessity of an early repetition and verification of them. Accordingly, an account of confirmatory experiments will be found in a letter addressed to Dr. C. A. Lee, and published in the New-York Journal of Medicine for January, 1846, p. 135.

With the highest respect,
I remain yours most truly,
JOHN LE CONTE.

University of Georgia,
Athens, January 19th, 1850.

PATHOLOGY AND PRACTICAL MEDICINE.

Hemorrhage from the Umbilicus.—The following observations by Dr. Bowditch, are appended to a paper on this subject in the last number of the American Journal of Medical Science.

I have endeavored to obtain records of twelve cases that have occurred in Boston, seen by Drs. Homans, Jackson, Hayward, and Dyer. Of five, I have gained some imperfect details. Of the others, Dr. Homans, who has collected them, has given me a few items. I will give a brief analysis of their main facts.

Hereditary predisposition.—In only one case is notice taken of any predisposition. This, however, evidently does not give the exact ratio, the records, in this particular, being poor. In one case, the mother was represented as being of a scrofulous disposition.

Period after birth at which hemorrhage began.—In the eleven cases in which this was noticed, its average was seven and three-quarter days before hemorrhage began. The earliest day was the third; the latest was the eighteenth.

Period after falling of the cords, at which hemorrhage began.—In three of the cases was this mentioned, and the average time was the eighth day. Latest, eleven days; earliest, five days.

How soon did death happen after the commencement of hemorrhage?—This is named in nine cases. In one, it occurred in "a few hours." Of the eight other, three and seven-ninths of a day, was the average; seven days being the highest, and one day the lowest.

Character of the hemorrhage from umbilicus.—Mentioned in six cases. In one, it was sudden, and with a sudden return after being stopped, and death took place in a few hours. In all the rest, there was more or less effect from the treatment, the blood being checked in its course—usually, however, only for a short time.

Was there any bleeding from other parts besides the umbilicus?—A tumor on the scalp appeared in one. In two more, some purpuric eruption; and bloody dejections in six.

Jaundice is a very common accompaniment of this hemorrhage, and is decidedly an unfavorable, though not a fatal, symptom.

Finally.—One died comatose; but the usual termination of life was, apparently, from prostration, induced by the hemorrhage.

From these investigations, and other facts not noticed in this paper, we may infer, I think, that there are five classes of hemorrhage from the umbilicus.

1st. A bleeding occurs soon after labor. This is generally owing either to insufficient care in applying the ligature to the cord, or to a contraction of the cord, which, at the time of being tied, is large; and the fluids, subsequently exuding, allow a relaxation of the ligature. This, if noticed early, can be easily restrained by a new string.

2d. I find one case recorded by Dr. Hill (*London Med. Gaz.*, from *Dublin Med. Press*, vol. iii. p. 556), in which great hemorrhage occurred, in consequence of a practitioner having forcibly removed the cord, from fear that erysipelas would ensue, if it were allowed to remain. It is to be hoped that few cases of this kind will ever occur.

3d. There is another, of which we have alluded to one specimen, given in Dr. Jackson's notes of a case treated by Dr. Hayward. The bleeding began on the third day from the removal of the cord, and, notwithstanding every effort, death occurred in twenty-four hours. In this case, there was probably an imperfect closure of the vessels from non-coagulation of the blood.

4th. The largest class of serious bleeding is like those reported by me. In these, the funis drops off, and usually nothing abnormal is observed, or, at most, only a delicate sponginess in the umbilicus. After three or four days, an oozing commences, which either increases with every application, or, perhaps, is slightly checked by astringents, &c.; but it almost always proves fatal; and the patients, before death, become perfectly blanched. In these cases, it is very common to observe an alteration in the functions and structure of the liver; the dejections being non-bilious, and, at the post-mortem examinations, disease of the hepatic structure, or of the ducts, being observed.

5th. Finally, we have the really hereditary hemorrhagic tendency. The blood, in these cases, oozes from the gums, intestines, under the skin, &c. There are few cases on record of this class in newborn children, unless we consider our own cases and the class of hemorrhage, described as our fourth species, to be such; but there are numerous examples of it among adults, in whom, however, the navel seems to have healed perfectly, soon after birth.

Prognosis.—This evidently will vary with the cause of the hemorrhage. For example, an insufficient ligature may be made stronger. A case like that of our second class, viz., an accidental tearing away of the cord, would be much more subject to remedies than either of the last three kinds, namely, an insufficient closure of the vessels; a fungus of the navel, connected, as it usually is, with disease of the liver; and finally, the hemorrhagic diathesis. The first two, under judicious treatment, will undoubtedly do well. In

the third, if the vessels can be cut down and tied up, some hope may be gained of safety. In fungus and the hemorrhagic diathesis, especially when there is any mark of hepatic disease, much less chance of recovery is afforded.

Treatment.—The treatment, of course, must vary with the class. In relation to the *first class*, viz., that in which there is bleeding from the cord, owing to its contraction and the subsequent loosening of the ligature, it may be remarked that this will rarely happen if the practitioner, at the time of labor, takes sufficient precautions. He should always, before leaving the room, examine the cord a second, and, if need be, a third time; and, if it has been large, and seems disposed to contract, so as to allow of any oozing, a new ligature should be applied.

In the *second class*, where injury is produced by the violent removal of the cord, use should be made of caustic; or, still better, of plaster of Paris poured in a liquid state on the part, so that a plug will be formed, on its becoming hard, in all the minutest crevices, and even in the mouths of the bleeding vessel. This should be retained for three or four days, and success will probably be the result.

In the *third class*, it will be difficult to decide whether the bleeding is owing to the open mouths of deep seated vessels, or to an original hemorrhagic tendency. If, however, there be no hereditary tendency, and if there be no marks of hepatic lesion, we may use styptics of various kinds: tannin, collodion, sulphate of zinc, sulphate of copper, and caustics. The best treatment, however, would undoubtedly be that advised by Dr. Radford, of Dublin, namely, to cut down and tie up the bleeding mouths. In order to do this, we should endeavor to decide from which the hemorrhage proceeds, in order to prevent the necessity of too much cutting.

In the *fourth class*, where hemorrhage from the umbilicus, without evident cause, takes place, which can be only partially restrained by astringents, and in which there is a hepatic lesion, I believe that very little hope may be anticipated of affording relief. At times, however, a slight oozing may continue for months, and the patient finally get well. But this is uncommon. In our cases, all astringents and caustic compresses seemed rather to stimulate than diminish the hemorrhage. Even the plaster of Paris, and ligature, and actual cautery, are of no avail. The oozing, checked for awhile, returns until death. Some have advised internal remedies in these cases, with the idea of correcting the fluidity of the blood. For that purpose, I used sulph. soda, as recommended in the *British and Foreign Medical Review*, ix. 247. If, however, Simon's view is correct, that icteric blood, while it possesses less fibrin, has more salts and albumen, than usual, we should not use sulphate of soda in cases where icterus is found. Transfusion has been suggested; and I regret that it was not tried in our cases: but the older surgeons had no faith in the remedy, and the younger preferred not to use it. To me it seemed the only means left for preserving life.

In the *fifth class*, where there is a natural predisposition to hem-

orrhage, what can be done? If the same applications may be made to the child as those made to the adult, the actual cautery is undoubtedly the best styptic. The late Dr. Hale, of this city, used to relate to me the case of a man who always carried a nail in his pocket, in order that he might cauterize any part of his body that was bleeding. But our cases prove but little in favor of this method. The cautery did not, in fact, check the hemorrhage one hour. Transfusion I should have less faith in than in the previous case. A question arises, whether the mother should nurse the child. I think not; still, when we bear in mind the fact that, in many cases, the hemorrhagic tendency does not show itself in the mother, but in the grandparents, we can hope but little from a strange nurse.

Phosphate of Ammonia in Rheumatism.—This remedy was fairly tried by Dr. Pepper, in the spring of 1846. It was given in doses of from ten to thirty grains in acute and subacute rheumatic cases. It was not found to justify the theory of Dr. Buckler, of Baltimore, who believed it to have specific powers, by a chemical agency; but patients recovered under it, though not rapidly, so as to convince me that it might prove a useful adjuvant, and sometimes a substitute for colchicum. Its alkaline composition and laxative action are sufficient to account for this. In 1847 one case at least occurred in which its use was followed by recovery, where the attack had resisted other plans of treatment. In some patients diarrhœa, and in other nausea was produced; but generally it seemed a mild remedy. The vehicle preferred was aq. cinnamon.

The curative power of colchicum was found to be far from infallible. In some, aided by depletion, its effect was immediate; others were scarcely improved while taking it for weeks.—*Amer. Jour. Med. Sciences.*

Microscopical Anatomy of Cholera.—The following is the substance of a report recently made by a committee appointed by the college of physicians of Philadelphia. The committee say, that the ordinary autoptical examinations, heretofore practised, have failed to yield any satisfactory information, and are nearly useless for the purposes of science. Extensive structural lesions may exist, that cannot be seen, or very imperfectly discerned by the unaided sight, and without proper preparation. It was determined by the committee that the intestines, before being submitted to examination, should be finely injected, and subsequently inspected with the microscope. This task was undertaken for the committee, by Dr. John Neill, demonstrator of anatomy in the University of Pennsylvania.

The injections were made with turpentine colored with vermillion. It was found by Doctor Neill, that when he employed size, it did not penetrate well, and numbers of capillaries were not filled; the same result occurred when Canada Balsam was used. It led, at first, to the supposition that the capillaries were destroyed by the disease. The method last adopted, shows the perfect integrity of the capillaries.

A healthy intestine, taken from a subject who had died of pleurisy, was first injected as a standard of comparison. The committee, confining themselves strictly to the single object for which they were appointed, report the following facts as the result of their investigation:

1st. In the recent subject, the peritoneal coat, like all the serous membranes, was in all, remarkably dry. The lubricating serosity is deficient in the serous membranes.

2d. The epithelial layer of the intestinal mucous membrane, was in all the specimens, either entirely removed, or was detached, adhering loosely as a pulpy layer, mixed with mucus, or an albuminoid substance.

3d. *Peyerian Glands.*—Peyer's glands were developed, to a greater or less extent, in all the cases examined.

4th. *Solitary Glands.*—These were also developed, and contained, in the recent subject, a minute quantity of white substance. These enlarged solitary glands have the appearances designated by Serres, and Nonat, as psorenterie.

The villi covering the glands of Peyer, and the solitary glands, present the same appearances as in other parts of the same intestine.

5th. *Villi.*—They are denuded of the epithelial covering, but are unchanged in other respects.

6th. *Capillary Vessels.*—These are entire, and manifest no departure from their normal state. The appearances of the capillaries of a Cholera intestine, are identical with those of the healthy mucous membrane when the epithelium has been removed. In the natural state, the epithelium, from its thickness, conceals the injected capillaries. In no instance was a vesicular eruption observed. In some specimens there was an appearance that might have been mistaken for it, but it was an emphysematous state, resulting from commencing putrefaction.

The foregoing facts are derived from the examination of twenty-five subjects.

Treatment of Intermittent Fever, with Oil of Turpentine. By Dr. N. Ward, Burlington, Vermont.—While in Ceylon, I treated many cases of fever and ague most satisfactorily, with a mixture of oil of turpentine and castor oil, in the proportion of one to two drachms of the former to one ounce of the latter, and administered in a mildly cathartic dose at the beginning of every cold stage. Where relief was not promptly obtained, there were generally present signs of biliary derangement, indicating the moderate use of calomel or calomel and ipecac., after which a dose or two of the mixture usually completed the cure. This was used in cases of long standing, as well as in recent ones; and in one case of enlargeds pleen with good effect.—*Ib.*

On the means of distinguishing Mucus from Pus. By Prof. Lawson.—It might be inferred that the microscope would reveal infallible signs by which mucus could be distinguished from pus; but,

unfortunately, there are great difficulties in the way. The fact is, the microscopic appearances of the mucous and pus corpuscles are so nearly identical, that the best observers have failed to make out any positive and invariable difference; the different classes of corpuscles are about the same in size, and present the same granular aspect. These are the conclusions to which most observers have arrived; my own observations, however, have led to slightly different results. Pus corpuscles are, generally, regular in their outline, circular in form, and completely granular, with more or less nuclei; mucus corpuscles are less regular in form, and not so constantly globular; but what is of still more importance, they are almost invariably intermingled with epithelium cells, which are quite irregular in form. My impression also is that mucous corpuscles are less distinctly granular than those formed in pus. Upon the whole, therefore, a mass under the microscope exhibiting the irregularities referred to, is more likely to be mucus than pus. Both contain numerous small granules.

When pus exists pure, (that is, unmixed with mucus,) we have no difficulty in recognizing it; for then its corpuscles subside to the bottom, while the liquor puris remains separate. This liquid is transparent, or of a pale yellow color, and coagulates on the application of heat. But when pus comes from the pulmonary organs, it is so seldom found unmixed, that these characters of healthy pus are no longer applicable.

Another test which is proper to mention, was proposed (I believe by Dr. Young), for the purpose of distinguishing pus from mucus. It is stated that if a drop of purulent liquid be placed between two slips of plate-glass, and then brought between the eye and a distant candle, the corpuscles cause a peculiar refraction of light, by which a most brilliant display of the prismatic colors may be seen. But, unfortunately for this test, blood and mucous corpuscles are capable of producing the same result. So far as I observed, however, the result itself is by no means constant.

Finally, the characters upon which we may with the greatest certainty rely, are the *density* and *tenacity* of the sputa. If they sink in water and are not remarkably tough, there is good reason to believe that the fluid contains pus. We should always remember, however, that small portions of pus mixed with large quantities of mucus, could not be detected by these tests.—*Western Lancet.*

MISCELLANEA.

Course of Lectures at Bellevue Hospital.—By reference to the advertisement sheet of this number, our readers will perceive that a spring and summer course of lectures will be commenced, by the medical corps of this institution, on the first of April next, and continued through July. There will be one lecture a day on Tuesday, Wednesday, Thursday, and Friday of each week. The lectures, we are pleased to learn, will not interfere in the least with the very instructive and interesting course of clinical lectures now being delivered on Mondays and Saturdays, and which course will be continued on the

same days as heretofore announced. The advantages of this hospital for clinical instruction and observation are, to say the least, not surpassed by any institution in the country.

Cantharadine Plaster, or Blistering Tissue.—Some months since we received from Mr. G. D. Phelps, of this city, samples of this truly valuable article, for the express purpose of using it in our practice. From the trial which we have given it, we are satisfied that it presents no ordinary claims to the attention of the profession. It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable, and, in this class of subjects, a peculiarly safe vessicant, and one which deserves the attention of the profession. Accompanying this article is a very simple and neat dressing tissue, which is intended as a substitute for the ordinary dressings of blisters. A full notice of these and several other articles may be found in the advertising sheet of this and the last numbers.

New-York Academy of Medicine.—At the annual meeting of the Academy, held on the 2d of January last, the following officers were elected for the ensuing year: Isaac Wood, M.D., Pres.; Galen Carter, M.D., James C. Bliss, M.D., A. C. Post, M.D., and Joseph M. Smith, M.D., Vice Pres.; John G. Adams, M.D., Rec. Sec.; Jackson Bolton, M.D., Ass. Sec.; W. C. Roberts, M.D., Dom. Cor. Sec.; E. S. Beadle, M.D., For. Cor. Sec.; James O. Pond, M.D., Treas.; and Thomas F. Cook, M.D., Lib.

OBITUARY.

Woodward, Samuel B., M.D. At Northampton, on the 4th of January last, aged 63 years. He was for a long time the worthy superintendent of the Asylum for the Insane at Worcester, Massachusetts. The immediate cause of death, we learn, was the rupture of a small aneurismal sac upon the aorta, at the point where it passes through the diaphragm.

Brooke, John F., M.D. At Macao, on the 17th of October last. He was fleet surgeon of the United States squadron in the East Indies. He had been attached to the service twenty-five years.

Cullen, John, M.D. At Richmond, Virginia, in January last. He was distinguished for his high professional and intellectual attainments, and was formerly one of the faculty of medicine in (we believe) the Hampden Sidney Medical College.

Taft, Marcus L., M.D. At Quarantine Hospital, Long Island, on the 8th of February, of typhus fever, aged 29 years. He was one of the assistant physicians of the Marine Hospital. To those who were most intimately acquainted with his moral and intellectual worth and professional acquirements, it will not be difficult to understand that in his premature death the profession has lost one of the most promising of its younger members.